2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Miller	FIRST James	МІ	<u>E</u>
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants

The North House of the

- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center,
 PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are
 to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and
 employees are to file with their central agency Human Resource Office.

Name of Board or Co	mmission N/A			
Principal Occupation				
Principal Work Addre				
Business Telephone Number				
	P. To be completed by			
	B. To be completed by leads of Agencies and all other Officials, Appointees and Employees			
	required to file this statement			
Agency in which emp	loyed Environmental Protection			
Position Title Rgnl I	Envtl FI Op Dir			
Work Address				
Work Telephone Nun	nber			
	PERSONAL ECONOMIC INTEREST			
	luding but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state			
	s entity held during the preceding calendar year, whether or not such entity is involved in any			
_	e Commonwealth. Exclude any items reported under Real Property Interests.			
	pal office of the business entity(ies)			
N/A Nature/description of in	terest(s), including conditions and encumbrances			
T				
Transfers:	of transferred interest(s)			
N/A	of transletted interest(s)			
N/A				
Name/address of p	erson(s)/entity(ies) to whom transferred			

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

poards of directors of business entities or not-for-profit entities.	
lame/address of the principal office of the business(es) and/or non-profit entity(ies)	
ature and dollar value of interest(s), including any liens, encumbrances, etc.	
ransfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES st all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit	
ecounts, commercial banks, savings and loans and finance company loans. ame/address of person(s), entity(ies), institution(s) to whom liability or debt was owed (A	
anner in which debt/liability was secured	
mount of debt(s)/liability(ies) and terms of payment	
ist all payments, compensation, or consideration of any nature (including but not limited to salaried employment, onsultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the alendar year. Exclude Commonwealth employment listed on Page 2. Ame/address of person(s), entity(ies), for whom service(s) were, are or will be rendered	1
tle/description of service(s)	
eriod(s) of time during which services were, are or will be rendered	
otal amount of monies, compensation, consideration received	
REAL PROPERTY INTERESTS st all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, all or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.	oil,
ame, nature/description and mailing address of real estate property interest(s) A	
ature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	
Cquisition: Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired	
Trainer learness of personally loop from whom adquired	

Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers: Name, nature/description and mailing address of property interest(s) N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
ist any severance payments received or to be received, or any proceeds received terest in any corporation (which represents 5% or more of the common stock of orporation, partnership, or other entity, which payments or proceeds result from corporation, professional corporation, partnership, or other entity upon the assimply (ies) of any agreement(s) relating to receipt of such severance payments or	or assets of the corporation), professional the termination of employment or withdrawal from umption of public office. <u>Attach</u> to this statement a
ource(s) of any severance payments or proceeds	· · · · · · · · · · · · · · · · · · ·
ature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest ollowing the date of assuming office or position, a supplement to this statement onclusion of the transaction. Such supplement shall disclose any payments or f any agreements relating to such payments or proceeds.	shall be filed within 10 calendar days following the
GIFTS	
ist all gifts of value in excess of \$100, including the forgiveness of a debt receiver urpose of this section, payment or reimbursement for transportation, lodging of isclosed as a gift. Gifts received from family members need not be disclosed in I/A	r hospitality that exceeds \$100 shall be
lame/Address of the person(s)/entity(ies) from whom or on behalf of whom the	gift was directly or indirectly received
lature and value of gift(s)	
HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TR (NOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEM	R'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by James E Miller	1/22/2019 1:03:50 PM
SIGNATURE	DATE
•	

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Miller	FIRST James	MI	Е
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's iurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

Name of Board or Commission N/A Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed Environmental Protection
Position Title Rgnl Envtl FI Op Dir
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A Nature/description of interest(s), including conditions and encumbrances
Transfers: Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired

Mani	nner of transfer or conveyance (Purchase, inheritance, etc.)	
	fers: Name, nature/description and mailing address of property interest(s) N/A	
(Consideration or amount received (Dollar value or payment in kind)	
	Name and address of person(s)/entity(ies) to whom transferred	
	SEVERANCE PAYMENTS	
interest in corporation a corpora	severance payments received or to be received, or any proceeds received or to be received from any corporation (which represents 5% or more of the common stock or assets of the corporation, partnership, or other entity, which payments or proceeds result from the termination of emation, professional corporation, partnership, or other entity upon the assumption of public office of any agreement(s) relating to receipt of such severance payments or proceeds.	ation), professional ployment or withdrawal from
Source(s)	s) of any severance payments or proceeds	
Nature/de	description of payments or proceeds (ATTACH COPIES)	
following conclusio	vent that a severance arrangement or sale or redemption of any interest specified above is cong the date of assuming office or position, a supplement to this statement shall be filed within 10 on of the transaction. Such supplement shall disclose any payments or proceeds received or greements relating to such payments or proceeds.	calendar days following the
	GIFTS	
purpose o	ifts of value in excess of \$100, including the forgiveness of a debt received during the precedenge of this section, payment or reimbursement for transportation, lodging or hospitality that exceed as a gift. Gifts received from family members need not be disclosed in this section.	ding calendar year. For the ds \$100 shall be
Name/Ad	ddress of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indi	rectly received
Nature ar	and value of gift(s)	
KNOWLE	BY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT T LEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDU TIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND M	ICT PROMULGATED BY
	Form electronically submitted by James E Miller 1/2	25/2018 4:08:25 PM
SIGNATU	TURE DATE	-

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

COMMISSION

PENNSYLVANIA STATE ETHICS (717) 783-1610 TOLL FREE 1-800 -932-0936

01	LAST NAME Miller	FIRST N. James	AME	MI E	SUFFIX
02	ADDRESS office (business or government)	ental) or home City	Ste	tte Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURITY NUMBER	R OR FINANCIAL ACCOU	NT NUMBERS.
03	STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	tions on page 2) D X Public Employee (Current D Public Employee (Former	t) E block	
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job tit etc.)	le, Seeking X hold	held	
	A Rgnl Envtl Fl Op Dir		seeking hold	held	
0	GOVERNMENTAL ENTITY in which you a	re/were an Official, Employee, Candidate or Nominee (e.	g., dept, agency, authority, borough, board,	commission, county, school distri	ct, twp, etc.)
Æ	A Environmental Protection				
	COOURTED OF PROFESSION	This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 repres the calendar year listed here:		2018
08	REAL ESTATE INTERESTS (See Instruction	ns on page 2) If NONE, check this I	box. 🛚 🗓		
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. X		-	Interest Rate
10	DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	NCOME including (but not limited to) all	employment. (See instruction on pg. :	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.		Value of Gift	
	Address of Source of Gift	,	Circums	tances (including description	n) of Gift
12	TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page	2) If NONE, check this box.	X Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS (S		NE, check this box.	-
14	FINANCIAL INTEREST IN ANY LEGAL I Name and Address of Business	ENTITY IN BUSINESS FOR PROFI	T (See instructions on pa	1	this box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED	TO IMMEDIATE FAMILY MEMBE	R (See instructions on pa	age 2) If NONE, check thi	s box.
	Business (Name and Address)			Interest Held Relationship	
	Transferree (Name and Address)			Date Transfe	rred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn faisification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Miller	FIRST N. James	AME		MI E	SUFFIX
02 ADDRESS office (business or government)	nental) or home City		State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS,	DO NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECUR	ITY NUMBER OR	FINANCIAL ACCOUN	T NUMBERS.
03 STATUS Check applicable block or blocks, mo	re than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	DX Public Emplo	oyee (Current) oyee (Former)	E Check block filing solici	if you are block if you as a are amending
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job titl etc.)	e, seeking	X hold	held	
A Rgnl Envtl Fl Op Dir		seeking	hold	held	
В					
o5 GOVERNMENTAL ENTITY in which you A Environmental Protection	are/were an Official, Employee, Candidate or Nominee (e.	g., dept, agency, authority, b	orough, board, commis	ssion, county, school distric	t, twp, etc.)
В					
OCCUPATION OR PROFESSION Rgnl Envtl Fl Op Dir	(This may be the same as block 4)	7 YEAR SEE INS Information in Block the calendar year lis	s 8-15 represents o	disclosure for 2	2017
08 REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check this i	оох. 🛚 🗓			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address				Interest Rate
DIRECT OR INDIRECT SOURCES OF II Name Environmental Protection	NCOME including (but not limited to) all a	employment. (See instru		ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
Address of Source of Gift			Circumstance	s (including description	o) of Gift
12 TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page	2) If NONE, check	this box.	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS (S	ee instructions on page		heck this box. X	-
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PROFI	T (See instr	uctions on page 2}	If NONE, check Interest Held	this box. X (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRE Business (Name and Address)	D TO IMMEDIATE FAMILY MEMBE	R (See instr	uctions on page 2)	If NONE, check thi	s box. X
Transferree (Name and Address)				Relationship Date Transfe	rred
TT: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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Signature

Form electronically submitted by James E Mills

Current Date

1/25/2018

1/25/2018 4:08:25 PM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

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LAST NAME	Gustafson	FIRST Staci	MI	D
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

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 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
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- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

AND THE RESIDENCE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPE	e Governor's jurisdiction:
Name of Board or Commission N/A	
Principal Occupation or Profession	
Principal Work Address	
Business Telephone Number	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	be completed by
	ther Officials, Appointees and Employees
required	d to file this statement
Agency in which employed Environmental Protection	on
Position Title Envtl Prgm Mgr	
Work Address	
Work Telephone Number	
PERSONAL	ECONOMIC INTEREST
iet all investments (including but not limited to stocks, no	otes, bonds, consulting arrangements, etc.) in any in-state
	g calendar year, whether or not such entity is involved in any
ransaction involving the Commonwealth. Exclude any	
Name/address of principal office of the business entity(ie	
, in the second of the second	
•	
Nature/description of interest(s), including conditions and	encumbrances
Transfers:	
Nature/description of transferred interest(s)	
N/A	
Name/address of person(s)/entity(ies) to whom trans	rerred
· · · · · · · · · · · · · · · · · · ·	
•	

BUSINESS INTERESTS

in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities. Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A Nature and dollar value of interest(s), including any liens, encumbrances, etc. Transfers: Nature/description of transferred interest(s) Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed Manner in which debt/liability was secured

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross 229 Elm St, Suite B Oil City, PA 16301

Title/description of service(s)

Disaster Services Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Amount of debt(s)/liability(ies) and terms of payment

Volunteer-

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Cottage 82 East Ave Westfield NY 14787

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest Purchased cottage from family members

Acquisition:

Name/Address of person(s)/entity(les) from whom acquired David Gustafson (deceased) Pittsburgh, Pa Judy LaLande North Fort Myers, FL Douglas Gicquelais Delaware Susan Nauman Severna Park, PA Manner of transfer or conveyance (Purchase, inheritance, etc.) Purchase/Buyout of family members interests in cottage Transfers: Name, nature/description and mailing address of property interest(s) N/A Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(les) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, upon the assumption of public office. Attach to this statement is copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds. Source(s) of any severance payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be flied within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds. CIPTS List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, loging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. NA Name/Address of the person(s)/entity(les) from whom or on behalf of whom the gift was directly or indirectly received	Date(s) Acquired 06/13/2018
Judy LaLande North Fort Myers, FL Douglas Gicquelais Delaware Susan Nauman Severna Park, PA Manner of transfer or conveyance (Purchase, inheritance, etc.) Purchase/Buyout of family members interests in cottage Transfers: Name, nature/description and mailing address of property interest(e) N/A Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(se) of any agreement(s) relating to receipt of such severance payments or proceeds. Source(s) of any severance payments or proceeds N/A Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement by this statement shall be filled within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any psyments or proceeds received or to be received and the filling of any agreements relating to such payments or proceeds. SIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from femily members need not be disclosed in this section.	Name/Address of person(s)/entity(ies) from whom acquired
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List all gifts of value in excess of \$100, including the forgiveness of a debt received during the <u>preceding</u> calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A	following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing
purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A	GIFTS
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received	purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.
	Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received
Nature and value of gift(s)	Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

2/12/2019 12:51:42 PM

SIGNATURE

DATE

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Gustafson	FIRST Staci	MI	D	
NAME OF AG	ENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY -

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

-	under the Governor's jurisdiction:	
Name of Board	or Commission N/A	
Principal Occupa	pation or Profession	
Principal Work A		
Business Teleph	hone Number	
	B. To be completed by	
	Heads of Agencies and all other Officials, Appointees and Employees	
	required to file this statement	
Agency in which		
Position Title E	Envtl Prgm Mgr	
Work Telephone	a Number	
Work releptione	e Nullipei	· · · · · · · · · · · · · · · · · · ·
	PERSONAL ECONOMIC INTEREST	
ist all investments	ts (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	
	isiness entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any	
ransaction involvir	ing the Commonwealth.	
Name/address of p	principal office of the business entity(ies)	_
Nature/description	n of interest(s), including conditions and encumbrances	
Transfers:		
	iption of transferred interest(s)	
NUA		
N/A	· · · · · · · · · · · · · · · · · · ·	
	ss of person(s)/entity(ies) to whom transferred	· · · · · · · ·
	es of person(s)/entity(ies) to whom transferred	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on poards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered American Red Cross 229 Elm St, Suite B Oil City, PA 16301
Title/description of service(s) Disaster Team Member
Period(s) of time during which services were, are or will be rendered On-call throughout year
Total amount of monies, compensation, consideration received Volunteer-
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received or interest in any corporation (which represents 5% or more of the common stock or asse corporation, partnership, or other entity, which payments or proceeds result from the tea corporation, professional corporation, partnership, or other entity upon the assumption copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.	ets of the corporation), professional remination of employment or withdrawal from on of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest specifical following the date of assuming office or position, a supplement to this statement shall be conclusion of the transaction. Such supplement shall disclose any payments or proceed of any agreements relating to such payments or proceeds.	be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received durpurpose of this section, payment or reimbursement for transportation, lodging or hospidisclosed as a gift. Gifts received from family members need not be disclosed in this set. N/A	itality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift wa	s directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AN KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CO EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 2	DE OF CONDUCT PROMULGATED BY
Form electronically submitted by Staci D Gustafson	4/16/2018 11:51:32 AM
SIGNATURE	DATE

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/19

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

COMMISSION PENNSYLVANIA STATE ETHICS
(717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Gustafson	FIRST NA Staci	ME	-	MI D	SUFFIX
02	ADDRESS office (business or government)	nental) or home city		State 2	lip Code	Area Code Phone
_	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, I	OO NOT INCLUDE ANYTHING THAT BEARS Y	OUR SOCIAL SECURITY	NUMBER OR FIN	ANCIAL ACCOUNT	NUMBERS.
03	STATUS Check applicable block or blocks, more	re than one block may be marked, (See instruction	ns on page 2)	(Current)	Check	this Check this fyou are block if you
_	B Nominee	C Public Official (Former)	D Public Employee		filing a solicite	s a are amending
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job title etc.)	seeking	Xhoid	held	
A	A Envtl Prgm Mgr					•
			seeking	hold	held	-
В	3					
05	GOVERNMENTAL ENTITY in which you a	are/were an Official, Employee, Candidate or Nominee (e.g.	, dept, agency, authority, boroug	h, board, commission	, county, school district,	twp, etc.)
A	Environmental Protection					
В					•	
_	000110171011000000000000000000000000000	This may be the same as block 4)	YEAR SEE INSTRU	CTIONS		
	Assistant Regional Director	, the may be the same as stock by	Information in Blocks 8-1 the calendar year listed h	5 represents discl	osure for 20	018
08	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this bo		ere.	-	
	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address				Interest Rate
	DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	NCOME including (but not limited to) all en Address	nployment. (See instruction		Y IF NONE, ck this block.	(OFFICIAL USE ONLY)
	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.		:	Value of Gift	
	Address of Source of Gift			Circumstances (in	cluding description)	of Gift
	TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page 2)	If NONE, check this	box. X	Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOY	MENT IN ANY BUSINESS (See	instructions on page 2)	If NONE, check	this box.	
	Business Entity (Name and Address) American Red Cross 229 Elm St, Suite B Oil City, PA 16301				cer, director, emplo s Team Membe	•
	FINANCIAL INTEREST IN ANY LEGAL I Name and Address of Business	ENTITY IN BUSINESS FOR PROFIT	(See instruction	ns on page 2)	If NONE, check the	is box. X e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED	TO IMMEDIATE FAMILY MEMBER	(See instruction	ns on page 2) if	NONE, check this	box. X
	Business (Name and Address)			. 3,	Interest Heid	(E)
	Transferree (Name and Address)				Relationship Date Transferre	ed

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Form electronically submitted by Staci D Gustafson

Current Date

Current Date

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bris	tow	FIRST Geoffrey	MI	<u>C</u>
NAME OF AGENCY	Y, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - **f.** Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the <u>preceding</u> calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center,
 PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are
 to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and
 employees are to file with their central agency Human Resource Office.

Name of Board or Commission N/A	
Principal Occupation or Profession	
Principal Work Address	
Business Telephone Number	
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement	
Agency in which employed Environmental Protection	
Position Title Envtl Grp Mgr	
Work Address	
Work Telephone Number	
PERSONAL ECONOMIC INTEREST	
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any	
ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.	
lame/address of principal office of the business entity(ies)	
See attachment	
Nature/description of interest(s), including conditions and encumbrances	_
Transfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	_

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433
Title/description of service(s) Head Soccer Coach
Period(s) of time during which services were, are or will be rendered 1/1/15 to 12/31/16
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property interest(s) N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the assucopy(ies) of any agreement(s) relating to receipt of such severance payments or	r assets of the corporation), professional the termination of employment or withdrawal from umption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest strongly the date of assuming office or position, a supplement to this statement conclusion of the transaction. Such supplement shall disclose any payments or position agreements relating to such payments or proceeds.	shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received purpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in N/A	hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the g	gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRU KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEM	'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Geoffrey C Bristow	4/4/2019 7:46:31 AM
SIGNATURE	DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the	business entity(ies):		
Nature/description of interest(s), includ	ing conditions and encumbrances:		
Name/Address of principal office of the	business entity(ies):		
Nature/description of interest(s), includ	ing conditions and encumbrances:		•

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Bristow	FIRST Geoffrey	MI	С
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

Name of Board or Commission N/A	
Principal Occupation or Profession	
Principal Work Address	
Business Telephone Number	
B. To be completed by	
Heads of Agencies and all other Officials, Appointees and Employees	
required to file this statement	
Agency in which employed Environmental Protection	
Position Title Rgnl Pltn Prvntn/Cmplnc Ast Mg	_
Work Address	
Work Telephone Number	_
PERSONAL ECONOMIC INTEREST	
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any	
ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.	
lame/address of principal office of the business entity(ies)	
See attachment	
Nature/description of interest(s), including conditions and encumbrances	
tatal or according to the content of	
Transfers:	-
	_
Transfers: Nature/description of transferred interest(s) N/A	
Transfers: Nature/description of transferred interest(s)	
Fransfers: Nature/description of transferred interest(s) N/A	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433
Title/description of service(s)
Head Soccer Coach Period(s) of time during which services were, are or will be rendered 1/1/15 to 12/31/16
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

Transfers:	
Name, nature/description and mailing address of property interest(s) N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the assumption of any agreement(s) relating to receipt of such severance payments or	assets of the corporation), professional the termination of employment or withdrawal from mption of public office. Attach to this statement
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
	and the second s
ollowing the date of assuming office or position, a supplement to this statement s conclusion of the transaction. Such supplement shall disclose any payments or p	shall be filed within 10 calendar days following the
n the event that a severance arrangement or sale or redemption of any interest stollowing the date of assuming office or position, a supplement to this statement stonclusion of the transaction. Such supplement shall disclose any payments or position and agreements relating to such payments or proceeds. GIFTS	shall be filed within 10 calendar days following the
following the date of assuming office or position, a supplement to this statement standard of the transaction. Such supplement shall disclose any payments or position of any agreements relating to such payments or proceeds.	ed during the preceding calendar year. For the hospitality that exceeds \$100 shall be
collowing the date of assuming office or position, a supplement to this statement standard of the transaction. Such supplement shall disclose any payments or position and agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received our pose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in the N/A	chall be filed within 10 calendar days following the proceeds received or to be received and the filing and during the preceding calendar year. For the hospitality that exceeds \$100 shall be this section.
collowing the date of assuming office or position, a supplement to this statement is conclusion of the transaction. Such supplement shall disclose any payments or position any agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received ourpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in the NA Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the grant and the person of the person	chall be filed within 10 calendar days following the proceeds received or to be received and the filing and during the preceding calendar year. For the hospitality that exceeds \$100 shall be this section.
collowing the date of assuming office or position, a supplement to this statement is conclusion of the transaction. Such supplement shall disclose any payments or position any agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received ourpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in the NA Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the grant and the person of the person	chall be filed within 10 calendar days following the proceeds received or to be received and the filing and during the preceding calendar year. For the hospitality that exceeds \$100 shall be this section.
Collowing the date of assuming office or position, a supplement to this statement of conclusion of the transaction. Such supplement shall disclose any payments or profession and agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received burpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in the N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gradular and value of gift(s) HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUKNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR	shall be filed within 10 calendar days following the proceeds received or to be received and the filing and during the preceding calendar year. For the hospitality that exceeds \$100 shall be this section. If was directly or indirectly received
collowing the date of assuming office or position, a supplement to this statement is conclusion of the transaction. Such supplement shall disclose any payments or position and agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received burpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in the contraction.	shall be filed within 10 calendar days following the proceeds received or to be received and the filing and during the preceding calendar year. For the hospitality that exceeds \$100 shall be this section. If was directly or indirectly received SE AND CORRECT TO THE BEST OF MY SE CODE OF CONDUCT PROMULGATED BY

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):
Nature/description of interest(s), including conditions and encumbrances:
Name/Address of principal office of the business entity(ies):
Nature/description of interest(s), including conditions and encumbrances:

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

COMMISSION PENNSYLVANIA STATE ETHICS
(717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Bristow	FIRST NA	ME	-	MI C	SUFFIX
02	ADDRESS office (business or governmental) or home	City	• • • • • • • • • • • • • • • • • • • •	State	Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE AN	YTHING THAT BEARS YO	OUR SOCIAL SECURI	TY NUMBER OR FI	NANCIAL ACCOUN	T NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may to A Candidate (including write-in) B Nominee C Public Official	(Current)	ns on page 2) DX Public Emplo D Public Emplo		E Check block filing a solicit	f you are block if you are amending
04	PUBLIC POSITION OR PUBLIC OFFIC (administrator, member etc.)	er, Commissioner, job title,	seeking	Xhold	held	
	A Envtl Grp Mgr в		seeking	hold	held	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	GOVERNMENTAL ENTITY In which you are/were an Official, Employ A Environmental Protection B	ree, Candidate or Nominee (e.g.,	dept, agency, authority, bo	orough, board, commissi	on, county, school district	, twp, etc.)
06	OCCUPATION OR PROFESSION (This may be the same Energy Program Manager	as block 4) 07	YEAR SEE INS		closure for 2	018
08	REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this bo	x. 🛛			
09	CREDITORS (See instructions on page 2) If NONE, check this Creditor (Name and Address) Name	Address			÷	Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME Name See attachment	ng (but not limited to) all em Address	ployment. (See instru		NLY IF NONE, leck this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this Source of Gift	box. 🛚 🛣			Value of Gift	
	Address of Source of Gift			Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)	See instructions on page 2)	if NONE, check	this box.	V alue	\$ ⁷
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY B Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	USINESS (See	instructions on page 2		officer, director, emplo	oyee, etc.}
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSII Name and Address of Business	NESS FOR PROFIT	(See instru	uctions on page 2)	If NONE, check t	his box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE Business (Name and Address) Transferree (Name and Address)	E FAMILY MEMBER	(See instri	uctions on page 2)	If NONE, check this Interest Held Relationship Date Transfer	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

4/4/2019 7:46:31 AM

SEC-1 DIRECT OR INDIRECT SOURCES OF INCOME - Attachment

Income Name

<u>Address</u>

Environmental Protection

Penncrest School District

400 Market St Harrisburg, PA 17105

Route 198 Saegertown, PA 16433

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01	LAST NAME Bristow	FIRST NAME Geoffrey	MI C	SUFFIX
02	ADDRESS office (business or governmental) or home	ity	State Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING	THAT BEARS YOUR SOCIAL SECURITY	NUMBER OR FINANCIAL ACC	OUNT NUMBERS.
03-	STATUS Check applicable block or blocks, more than one block may be market A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	DX Public Employee	e (Current) E bi	heck this ock if you are block if you ing as a are amending alicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commetc.)	nissioner, job title, seeking	X hold held	
	A Rgnl Pltn Prvntn/Cmplnc Ast Mg	seeking	hold held	
E	3		:	
	5 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candida, Environmental Protection	late or Nominee (e.g., dept, agency, authority, borou	igh, board, commission, county, school o	listrict, twp, etc.)
06	OCCUPATION OR PROFESSION (This may be the same as block Energy Program Manager		15 represents disclosure for	2017
08	REAL ESTATE INTERESTS (See instructions on page 2) If NON	NE, check this box.		
09	CREDITORS (See instructions on page 2) If NONE, check this box. Creditor (Name and Address) Name Address	dress		Interest Rate
10		ot limited to) all employment. (See instruction fress	on on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box. [X .	Value of	Gift
	Address of Source of Gift		Circumstances (including descrip	ption) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address) (See instru	uctions on page 2) If NONE, check thi	s box. X	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINE Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	Po	if NONE, check this box, isition Held (i.e., officer, director, eead Soccer Coach	employee, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS Name and Address of Business	FOR PROFIT (See instruction		eck this box. X Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAM. Business (Name and Address) Transferree (Name and Address)	ILY MEMBER (See instructi	ions on page 2) If NONE, check Interest F Relations Date Trai	deld hip

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

3/23/2018 1:40:01 PM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll	FIRST Darren	MI	S
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2**. **Additional Filings.** The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form <u>before</u> completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

	under the Governor's jurisdiction:	
Name of Board or Commission N/A Principal Occupation or Profession Principal Work Address		
Business Telephone Number		
		-
The second of th	B. To be completed by	·
Heads of Agencie	es and all other Officials, Appointees and Employees	
	required to file this statement	
Agency in which employed Environmen	ntal Protection	
Position Title Air Qlty Dstr Supv	mai Frotection	
Work Address		
Work Telephone Number		
		,
	PERSONAL ECONOMIC INTEREST	
List all investments (including but not limited	d to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	
	the <u>preceding</u> calendar year, whether or not such entity is involved in any	
transaction involving the Commonwealth.	Exclude any items reported under Real Property Interests.	
Name/address of principal office of the busin	ness entity(ies)	
N/A		
Nature/description of interest(s), including of	onditions and encumbrances	
Transfers:		
Nature/description of transferred interes	st(s)	
N/A		
Name/address of person(s)/entity(ies) t	to whom transferred	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit
accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or a corporation, partnership, or other entity, which payments or proceeds result from th a corporation, professional corporation, partnership, or other entity upon the assum copy(ies) of any agreement(s) relating to receipt of such severance payments or pro-	ssets of the corporation), professional e termination of employment or withdrawal from ption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest special following the date of assuming office or position, a supplement to this statement shall conclusion of the transaction. Such supplement shall disclose any payments or proof any agreements relating to such payments or proceeds.	all be filed within 10 calendar days following the
GIFTS	The second secon
List all gifts of value in excess of \$100, including the forgiveness of a debt received purpose of this section, payment or reimbursement for transportation, lodging or hodisclosed as a gift. Gifts received from family members need not be disclosed in this	ospitality that exceeds \$100 shall be
N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift	was directly or indirectly received
Nature and value of gift(s)	-
	· · · · · · · · · · · · · · · · · · ·
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBE	CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Darren S Dyll	1/25/2019 1:55:21 PM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll	FIRST Darren	МІ	S	
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's iurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

under the Governor's jurisdiction.
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address Business Telephone Number
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Air Qlty Dstr Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
ansaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
lame/address of principal office of the business entity(ies)
I/A
lature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred
Turnoraudicoc or percentagines, entre in transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

poards of directors of business entities or not-for-profit entities.	
Name/address of the principal office of the business(es) and/or non-profit entity(ies)	
Nature and dollar value of interest(s), including any liens, encumbrances, etc.	
Transfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar ye	ear. <u>Exclude</u> retail credit
accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A	
Manner in which debt/liability was secured	
Amount of debt(s)/liability(ies) and terms of payment	· · · · · · · · · · · · · · · · · · ·
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earne calendar year. Exclude Commonwealth employment listed on Page 2.	
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A	
Title/description of service(s)	
Period(s) of time during which services were, are or will be rendered	
Total amount of monies, compensation, consideration received	
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased faccoal or other mineral royalty producing interest held during the preceding calendar year. Exclude	
Name, nature/description and mailing address of real estate property interest(s) N/A	
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the i	interest
Acquisition: Date(s) Acquired	
Name/Address of person(s)/entity(ies) from whom acquired	

Transfers:	
Name, nature/description and mailing address of property interest(s) N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
·	
SEVERANCE PAYMENT	S
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the asscopy(ies) of any agreement(s) relating to receipt of such severance payments or	or assets of the corporation), professional m the termination of employment or withdrawal from sumption of public office. <u>Attach</u> to this statement
Source(s) of any severance payments or proceeds	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest following the date of assuming office or position, a supplement to this statement conclusion of the transaction. Such supplement shall disclose any payments of any agreements relating to such payments or proceeds.	t shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt receipurpose of this section, payment or reimbursement for transportation, lodging of disclosed as a gift. Gifts received from family members need not be disclosed in	or hospitality that exceeds \$100 shall be
N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the	e gift was directly or indirectly received
Nature and value of gift(s)	
HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TR KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNO EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEI	R'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Darren S Dyll	2/12/2018 9:05:52 AM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

1/25/2019 1:55:21 PM

01 LAST NAME Dyll	FIRST Darre	NAME n		MI S	SUFFIX
02 ADDRESS office (business or	governmental) or home City		State Zi	p Code A	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTAC	HMENTS, DO NOT INCLUDE ANYTHING THAT BEA	RS YOUR SOCIAL SECURITY	NUMBER OR FINA	NCIAL ACCOUNT NU	IMBERS.
O3 STATUS Check applicable block or A Candidate (including write-in) B Nominee	blocks, more than one block may be marked, (See insi C Public Official (Current) C Public Official (Former)	tructions on page 2) D Public Employe D Public Employe		Check this block if yo filing as a solicitor	
04 PUBLIC POSITION OR PUBLIC	OFFIC (administrator, member, Commissioner, jo etc.)	b title, seeking	Xhoid	held	
A Air Olty Datr Supv		seeking	☐ hold ☐	held	
	is which you continue as Official Employee Condition as Navier		under the send of		-1-2
A Environmental Protection	in which you are/were an Official, Employee, Candidate or Nomina	se (e.g., dept, agency, authorny, borol	ugn, boara, commission,	county, school district, twp,	etc.)
06 OCCUPATION OR PROFESSION Air Qity Dstr Supv	(This may be the same as block 4)	07 YEAR SEE INSTR	-15 represents disclo	sure for 2018	
08 REAL ESTATE INTERESTS (S	ee instructions on page 2) If NONE, check to	his box. 🔀			
09 CREDITORS (See instructions on Creditor (Name and Address) Name	page 2) If NONE, check this box. Address				nterest Rate
DIRECT OR INDIRECT SOURCE Name Environmental Protection	ES OF INCOME including (but not limited to	all employment. (See instruction		Y IF NONE, (C	PFFICIAL USE ONLY)
11 GIFTS (See instructions on Source of Gift	page 2) If NONE, check this box.			Value of Gift	
Address of Source of Gift			Circumstances (inc	luding description) of (Sift
12 TRANSPORTATION, LODGING Source (Name and Address)	G, HOSPITALITY (See instructions on p	age 2) If NONE, check th	is box. X	Value .	
13 OFFICE, DIRECTORSHIP, OR B Business Entity (Name and Address)	EMPLOYMENT IN ANY BUSINESS	(See instructions on page 2)	If NONE, check position Held (i.e., offic	this box. X	etc.}
14 FINANCIAL INTEREST IN ANY Name and Address of Business	LEGAL ENTITY IN BUSINESS FOR PRO	OFIT (See instruct	ions on page 2)	If NONE, check this i	
15 BUSINESS INTERESTS TRANS Business (Name and Address). Transferree (Name and Address)	FERRED TO IMMEDIATE FAMILY MEN	IBER (See instruct	tions on page 2) If I	NONE, check this box interest Held Relationship Date Transferred	с. Х

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Dyll	FIRST N Darren	IAME		MI S	SUFFIX
02 ADDRESS office (business or government)	mental) or home City		State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS,	DO NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURI	TY NUMBER OR F	INANCIAL ACCOUN	T NUMBERS.
O3 STATUS Check applicable block or blocks, mo A Candidate (including write-in) B Nominee	ore than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	otions on page 2) DX Public Emplo		E Check block filing solicit	if you are X block if you as a are amendin
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job ti etc.)	tle, seeking	Xhold	held	
A Air Qity Dstr Supv		seeking	hold	held	
05 GOVERNMENTAL ENTITY in which you A Environmental Protection	are/were an Official, Employee, Candidate or Nominee (6	e.g., dept, agency, authority, bo	rough, board, commiss	ion, county, school distric	t, (wp. etc.)
В					*
06 OCCUPATION OR PROFESSION Air Qlty Dstr Supv	(This may be the same as block 4)	07 YEAR SEE INS Information in Blocks the calendar year list	8-15 represents dis	sclosure for 2	017
08 REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check this	box. 🔀			
O9 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address				Interest Rate
10 DIRECT OR INDIRECT SOURCES OF I Name Environmental Protection	NCOME including (but not limited to) all Address	employment. (See instruc		NLY IF NONE, heck this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
Address of Source of Gift			Circumstances	(including description) of Gift
12 TRANSPORTATION, LODGING, HOSP Source (Name and Address)	ITALITY (See instructions on page	2) If NONE, check	this box.	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS (S	See instructions on page 2		eck this box. X	•
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PROF	T (See instru	actions on page 2)	If NONE, check t	(i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRE Business (Name and Address)	D TO IMMEDIATE FAMILY MEMBE	ER (See instru	actions on page 2)	If NONE, check this Interest Held Relationship	
Transferree (Name and Address)				Date Transfer	
The undersigned hereby affirms that the forego	ing information is true and correct to best of said	d person's knowledge, info	ormation and belief;	said affirmation being	g made subject

to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Schwartz	FIRST Ronald	MI	<u>A</u>	
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center,
 PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are
 to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and
 employees are to file with their central agency Human Resource Office.

	under the Governor's jurisdiction:
Name of Board or Commission N/A	
Principal Occupation or Profession	
Principal Work Address	
Business Telephone Number	
	B. To be completed by
Heads of Agencies	and all other Officials, Appointees and Employees
	required to file this statement
Agency in which employed Environmenta	al Protection
Position Title Rgnl Envtl Fl Op Dir	
Work Address	
Work Telephone Number	
PF	ERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.

re/description of interest(s), including conditions and encumbrances	
sfers:	
Nature/description of transferred interest(s)	
N/A	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-p boards of directors of business entities or not-for-profit entities.	aid memberships on
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A	
Nature and dollar value of interest(s), including any liens, encumbrances, etc.	
Transfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES	
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar yearcounts, commercial banks, savings and loans and finance company loans.	ar. <u>Exclude</u> retail credit
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A	1
Manner in which debt/liability was secured	
Amount of debt(s)/liability(ies) and terms of payment	
	•
EMPLOYMENT	
List all payments, compensation, or consideration of any nature (including but not limited to salaried econsultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned calendar year. Exclude Commonwealth employment listed on Page 2.	
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A	
Title/description of service(s)	
Period(s) of time during which services were, are or will be rendered	
Total amount of monies, compensation, consideration received	
	at the foliage of the state of
REAL PROPERTY INTERESTS	
List all in-state and out-of-state real estate property interests including revenue producing leased facil coal or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u>	
Name, nature/description and mailing address of real estate property interest(s) Camp property/building 113 tubbs lane Leeper, PA 16233	
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the in	nterest
Acquisition: Date(s) Acquired 02/01/2007	
Name/Address of person(s)/entity(ies) from whom acquired	

Ronald Schwartz (Father)	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property N/A	interest(s)
Consideration or amount received (Dollar value or paymer	nt in kind)
Name and address of person(s)/entity(ies) to whom transfer	erred
SEVERANCE F	PAYMENTS
List any severance payments received or to be received, or any prointerest in any corporation (which represents 5% or more of the concorporation, partnership, or other entity, which payments or proceed a corporation, professional corporation, partnership, or other entity copy(ies) of any agreement(s) relating to receipt of such severance	nmon stock or assets of the corporation), professional as result from the termination of employment or withdrawal from upon the assumption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of following the date of assuming office or position, a supplement to the conclusion of the transaction. Such supplement shall disclose any pof any agreements relating to such payments or proceeds.	is statement shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of purpose of this section, payment or reimbursement for transportatio disclosed as a gift. Gifts received from family members need not be N/A	n, lodging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of	of whom the gift was directly or indirectly received
Nature and value of gift(s)	,
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HE KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMEND	GOVERNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Ronald A Schwartz	1/22/2019 2:38:59 PM
SIGNATURE	DATE

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Schwartz	FIRST Ronald	MI A	
NAME OF AGI	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

	under the Governor's jurisdiction:	
Name of Board or Commission N/A		
Principal Occupation or Profession		
Principal Work Address Business Telephone Number	· · · · · · · · · · · · · · · · · · ·	
	B. To be completed by	
Heads of Agenci	es and all other Officials, Appointees and Employees	
	required to file this statement	
Agency in which employed Environme	ental Protection	
Position Title Rgnl Envtl Fl Op Dir		
Work Address		
Work Telephone Number		
•		
全国基础的	PERSONAL ECONOMIC INTEREST	
	ed to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

re/description of interest(s), including conditions and encumbrances	
sfers:	
Nature/description of transferred interest(s)	
N/A	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the

•	pal office of the business(es) and/or non-profit entity(ies)
I/A	
lature and dollar value of	interest(s), including any liens, encumbrances, etc.
ransfers:	
Nature/description of t	ransferred interest(s)
Name/address of pers	on(s)/entity(ies) to whom transferred
	LIABILITIES
	wed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit ks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed
Manner in which debt/liabi	ity was secured
Amount of debt(s)/liability(ies) and terms of payment
	
	EMPLOYMENT
consultant fees, offices, d	sation, or consideration of any nature (including but not limited to salaried employment, rectorships, honoraria, travel/related expenses and other fees, etc.) earned during the <u>preceding</u> Commonwealth employment listed on Page 2.
Name/address of person(N/A	s), entity(ies), for whom service(s) were, are or will be rendered
Title/description of service	(s)
Period(s) of time during w	hich services were, are or will be rendered
Total amount of monies, o	ompensation, consideration received
·	
	REAL PROPERTY INTERESTS
	state real estate property interests including revenue producing leased facilities and interests in gas, or ty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.
	and mailing address of real estate property interest(s) 113 tubbs lane Leeper, PA 16233
	est(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired 0	2/01/2007
Dato(a) Acquired	son(s)/entity(ies) from whom acquired

Ronald Schwartz (Father)	
Manner of transfer or conveyance	e (Purchase, inheritance, etc.)
Transfers:	
Name, nature/description an	d mailing address of property interest(s)
Consideration or amount rec	ceived (Dollar value or payment in kind)
Name and address of person	n(s)/entity(ies) to whom transferred
	SEVERANCE PAYMENTS
interest in any corporation (which reproporation, partnership, or other entities a corporation, professional corporation	d or to be received, or any proceeds received or to be received from the sale or redemption of resents 5% or more of the common stock or assets of the corporation), professional ty, which payments or proceeds result from the termination of employment or withdrawal from n, partnership, or other entity upon the assumption of public office. Attach to this statement ago to receipt of such severance payments or proceeds.
Source(s) of any severance payments	s or proceeds
Nature/description of payments or pro	ceeds (ATTACH COPIES)
following the date of assuming office	ement or sale or redemption of any interest specified above is concluded more than 30 days or position, a supplement to this statement shall be filed within 10 calendar days following the supplement shall disclose any payments or proceeds received or to be received and the filing ayments or proceeds.
	GIFTS
purpose of this section, payment or re	o), including the forgiveness of a debt received during the <u>preceding</u> calendar year. For the eimbursement for transportation, lodging or hospitality that exceeds \$100 shall be n family members need not be disclosed in this section.
	(ies) from whom or on behalf of whom the gift was directly or indirectly received
Nature and value of gift(s)	
	ORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY
	D MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.
Form electronically submit	ted by Ronald A Schwartz 1/25/2018 2:02:15 PM
SIGNATURE	DATE

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800 -932-0936

1/22/2019 2:38:59 PM

01 LAST NAME Schwartz	FIRST N Ronald	AME		MI A	SUFFIX
02 ADDRESS office (business or govern	mental) or home City		State Zip	Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS,	DO NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURITY	NUMBER OR FINAN	CIAL ACCOUNT	NUMBERS.
O3 STATUS Check applicable block or blocks, m A Candidate (including write-in) B Nominee	ore than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	tions on page 2) DX Public Employee DX Public Employee		Check t block if filing as solicitor	you are block if you are amendin
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job tit etc.)	le, seeking [X hold h	eld	
A Rgnl Envtl Fl Op Dir		seeking	hold	eld	
05 GOVERNMENTAL ENTITY in which yo	u are/were an Official, Employee, Candidate or Nominee (e	.g., dept, agency, authority, boroug	gh, board, commission, co	unty, school district, t	twp, etc.)
A Environmental Protection B					
OG OCCUPATION OR PROFESSION Regional Director	(This may be the same as block 4)	07 YEAR SEE INSTRI Information in Blocks 8- the calendar year listed	15 represents disclos	ure for 20	18
08 REAL ESTATE INTERESTS (See instruct	ions on page 2) If NONE, check this	box. 🛚			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name See attachment	If NONE, check this box. Address				Interest Rate
10 DIRECT OR INDIRECT SOURCES OF Name Environmental Protection	INCOME including (but not limited to) all Address	employment. (See instruction		IF NONE, this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.		-	Value of Gift	
Address of Source of Gift			Circumstances (inclu	iding description)	of Gift
12 TRANSPORTATION, LODGING, HOSE Source (Name and Address)	PITALITY (See instructions on page	2) If NONE, check this	s box. X	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLO Business Entity (Name and Address)	YMENT IN ANY BUSINESS (8	See instructions on page 2)	If NONE, check t sition Held (i.e., office		/ee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PROF	(See instruction	ons on page 2)	f NONE, check th Interest Held (i	is box. X .e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRE	D TO IMMEDIATE FAMILY MEMBE	ER (See instruction	ons on page 2) If N	ONE, check this	ьох. 🗓
Business (Name and Address)				Interest Held Relationship	
Transferree (Name and Address)	·		,	Date Transferre	ed
The undersigned hereby affirms that the foreg	oing information is true and correct to best of said		nation and belief; said	affirmation being	made subject

SEC-1 CREDITORS - Attachment

Creditor

<u>Address</u>

Interest Rate

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01	LAST NAME Schwartz	FIRST Ronald		MI A	SUFFIX
02	ADDRESS office (business or governm	ental) or home City	State	Zip Code	Area Code Phone
_	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURITY NUMBER O	R FINANCIAL ACCOUN	T NUMBERS.
03	STATUS Check applicable block or blocks, mor A Candidate (including write-in) B Nominee	e than one block may be marked, (See instruction of Public Official (Current) C Public Official (Former)	DX Public Employee (Current) D Public Employee (Former)	E Check block filing solicit	if you are block if you as a are amending
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, Seeking Xhold	held	
	A Rgnl Envtl Fl Op Dir		seeking hold	held	
0	5 GOVERNMENTAL ENTITY In which you a	re/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, borough, board, com	mission, county, school distric	t, twp, etc.)
,	Environmental Protection				
	В		•		
06	OCCUPATION OR PROFESSION (Regional Director	This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents the calendar year listed here:	s disclosure for 2	2017
08	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check thi	s box. 🛚 🗓		
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name See attachment	If NONE, check this box. Address			Interest Rate
10	DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	ICOME including (but not limited to) a Address	all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.		Value of Gift	
	Address of Source of Gift		Circumstand	cas (including description	ı) of Gift
12	TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page	ge 2) If NONE, check this box.	Value	11.00
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS		e., officer, director, empl	
14	FINANCIAL INTEREST IN ANY LEGAL I Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instructions on page		this box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED Business (Name and Address)	TO IMMEDIATE FAMILY MEME	BER (See instructions on page	If NONE, check thi Interest Held Relationship	s box.
_	Transferree (Name and Address)	'		Date Transfe	rred
	The undersigned hereby affirms that the foregoing	ag information is true and correct to best of s	aid nerson's knowledge, information and he	lief: eaid affirmation bein	a mada subject

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

ties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz Current Date 1/25/2018 2:02:15 PM

		SEC	:-1 CREDIT	ORS - Atta	ichment		
Creditor	,	<u>Address</u>					Interest Rate
					,	,	
	-						

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Halloran	FIRST Kevin	MI · A	
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center,
 PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are
 to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and
 employees are to file with their central agency Human Resource Office.

under the Governor's jurisdiction:	
Name of Board or Commission N/A	
Principal Occupation or Profession	
Principal Work Address	
Business Telephone Number	
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement	
Agency in which employed Environmental Protection	
Position Title Envtl Prgm Mgr	
Work Address	
Work Telephone Number	
PERSONAL ECONOMIC INTEREST List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.	
Name/address of principal office of the business entity(ies)	
N/A	
Nature/description of interest(s), including conditions and encumbrances	
Transfers:	
Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.	
Name/address of the principal office of the business(es) and/or non-profit entity N/A	r(ies)
Nature and dollar value of interest(s), including any liens, encumbrances, etc.	
Transfers:	
Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
· LIABILITIES	
List all liabilities or debts owed to any person, entity, or institution during the	preceding, calendar year. Evolude retail credit
accounts, commercial banks, savings and loans and finance company loans.	<u> </u>
Name/address of person(s), entity(ies), institution(s) to whom liability or debt w N/A	as owed
Manner in which debt/liability was secured	
Amount of debt(s)/liability(ies) and terms of payment	
EMPLOYMENT	
List all payments, compensation, or consideration of any nature (including but consultant fees, offices, directorships, honoraria, travel/related expenses and calendar year. Exclude Commonwealth employment listed on Page 2.	
Name/address of person(s), entity(ies), for whom service(s) were, are or will be N/A	e rendered
Title/description of service(s)	
Period(s) of time during which services were, are or will be rendered	
Total amount of monies, compensation, consideration received	
REAL PROPERTY INTERES	STS
List all in-state and out-of-state real estate property interests including revenue coal or other mineral royalty producing interest held during the <u>preceding</u> ca	
Name, nature/description and mailing address of real estate property interest(s	5)
Nature and extent of interest(s), including any conditions or encumbrances, an	d any partners in the interest
Acquisition:	
Date(s) Acquired	

Transfers:	
Name, nature/description and mailing address of property interest(s)	•
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	1.
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received or to be interest in any corporation (which represents 5% or more of the common stock or assets of the corporation, partnership, or other entity, which payments or proceeds result from the terminal a corporation, professional corporation, partnership, or other entity upon the assumption of proceeds of any agreement(s) relating to receipt of such severance payments or proceeds.	the corporation), professional ation of employment or withdrawal from
Source(s) of any severance payments or proceeds	
Nature/description of payments or proceeds (ATTACH COPIES)	
n the event that a severance arrangement or sale or redemption of any interest specified ab ollowing the date of assuming office or position, a supplement to this statement shall be filed conclusion of the transaction. Such supplement shall disclose any payments or proceeds replay agreements relating to such payments or proceeds.	d within 10 calendar days following the
GIFTS	
list all gifts of value in excess of \$100, including the forgiveness of a debt received during the ourpose of this section, payment or reimbursement for transportation, lodging or hospitality disclosed as a gift. Gifts received from family members need not be disclosed in this section	that exceeds \$100 shall be
N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was dire	ectly or indirectly received
Nature and value of gift(s)	-
HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CO KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE O EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 19	F CONDUCT PROMULGATED BY
Form electronically submitted by Kevin A Halloran	2/1/2019 8:40:43 AM
SIGNATURE	TE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran	FIRST Kevin	MI A
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection	

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

under the Governor's jurisdiction:
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Agency in which employed Environmental Protection Position Title Envtl Prgm Mgr
Work Address
Work Telephone Number
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Transfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

Name/address of the principal office of the business(es) and/or non-profit entity(ies)
N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed
N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding
calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, o coal or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

Name, nature/description and mailing address of property interest(s) N/A Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(ies) to whom transferred	
Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(ies) to whom transferred	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE DAVIDANCE	
OFVEDANCE DAVMENTO	Commission
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received or to be interest in any corporation (which represents 5% or more of the common stock or assets o corporation, partnership, or other entity, which payments or proceeds result from the termi a corporation, professional corporation, partnership, or other entity upon the assumption of copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds	of the corporation), professional ination of employment or withdrawal from of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest specified following the date of assuming office or position, a supplement to this statement shall be ficonclusion of the transaction. Such supplement shall disclose any payments or proceeds of any agreements relating to such payments or proceeds.	iled within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received during purpose of this section, payment or reimbursement for transportation, lodging or hospitalit disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A	ty that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was di	irectly or indirectly received
Nature and value of gift(s)	
•	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND C KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28,	OF CONDUCT PROMULGATED BY
Form electronically submitted by Kevin A Halloran	1/23/2018 7:54:16 AM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800 -932-0936

01	LAST NAME Halloran	FIRST NA Kevin	ME		MI A	SUFFIX
02	ADDRESS office (business or governmental) or home	City	-	State	Zip Code	Area Code Phone
_	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE AN	NYTHING THAT BEARS YO	OUR SOCIAL SECURIT	Y NUMBER OR FIN	ANCIAL ACCOUN	T NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may A Candidate (including write-in) C Public Official B Nominee C Public Official	(Current)	ns on page 2) DX Public Employ D Public Employ		E Check block filing a solicit	f you are block if you are amending
04	PUBLIC POSITION OR PUBLIC OFFIC (administrator, memietc.)	ber, Commissioner, job title,	seeking	Xhold	held	
	A Envtl Prgm Mgr		seeking	hold [held	
08	GOVERNMENTAL ENTITY in which you are/were an Official, Emplo	yee, Candidate or Nominee (e.g.,	dept, agency, authority, bor	ough, board, commission	n, county, school district	, twp, etc.)
	A Environmental Protection					
06	OCCUPATION OR PROFESSION (This may be the same Envtl Prgm Mgr	e as block 4) 07	YEAR SEE INST	8-15 represents disc	losure for 2	018
08	REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this bo				
09	CREDITORS (See instructions on page 2) If NONE, check this Creditor (Name and Address) Name	Address				Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME Name Environmental Protection	ing (but not limited to) all em Address	ployment. (See instruc		LY IF NONE, cck this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this Source of Gift	box. 🛚 🗓			Value of Gift	
	Address of Source of Gift			Circumstances (ir	ncluding description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)	(See instructions on page 2)	If NONE, check t	this box.	Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY E Business Entity (Name and Address)	BUSINESS (See	instructions on page 2) If NONE, chec		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSI Name and Address of Business	NESS FOR PROFIT	(See instru	ctions on page 2)	If NONE, check t	his box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIAT Business (Name and Address)	E FAMILY MEMBER	(See instru	ctions on page 2) 1	f NONE, check this Interest Held Relationship	box. X
_	Transferree (Name and Address)				Date Transfer	red
	The undersigned hereby affirms that the foregoing information is true:	and correct to best of said o	areon's knowledge info	rmation and ballef: e	aid affirmation bains	made subject

to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 85 Pa.C.S. §1109(b).

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01	LAST NAME Halloran	FIRST Kevin	NAME		MI A	SUFFIX
02	ADDRESS office (business or government)	nental) or home City		State	Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS,	DO NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURIT	Y NUMBER OR FIN	IANCIAL ACCOUN	T NUMBERS.
03	STATUS Check applicable block or blocks, mo A Candidate (including write-in) B Nominee	re than one block may be marked, (See instru C Public Official (Current) C Public Official (Former)	octions on page 2) DX Public Employ DPublic Employ		E Check ifiling a solicite	f you are block if you are amending
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking	Xhold	held	
	A Envtl Prgm Mgr		seeking	hold [held	
0	OS GOVERNMENTAL ENTITY In which you	are/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, bor	ough, board, commissio	n, county, school district	twp, etc.)
	A Environmental Protection					
06	OCCUPATION OR PROFESSION Envtl Prgm Mgr	(This may be the same as block 4)	07 YEAR SEE INST Information in Blocks the calendar year liste		closure for 2	017
80	REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check this	s box. 🛛			
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address				Interest Rate
10	DIRECT OR INDIRECT SOURCES OF I Name Environmental Protection	NCOME including (but not limited to) a Address	ll employment. (See instruc		ILY IF NONE, eck this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
	Address of Source of Gift			Circumstances (i	ncluding description	of Gift
12	TRANSPORTATION, LODGING, HOSP Source (Name and Address)	TALITY (See instructions on page	ge 2) If NONE, check to	his box. X	Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS	(See instructions on page 2) If NONE, che		oyee, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instru	ctions on page 2)	If NONE, check t	his box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRE Business (Name and Address) Transferree (Name and Address)	D TO IMMEDIATE FAMILY MEME	BER (See instru	ctions on page 2)	If NONE, check this Interest Held Relationship Date Transfer	
	The undersigned hereby affirms that the forego	ing information is true and correct to best of sa	aid person's knowledge, info	rmation and belief; s	aid affirmation being	made subject

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Bailey	FIRST Brian	MI	K
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form <u>before</u> completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Envtl Prgm Mgr
Work Address
Work Telephone Number
YOR TOOPHOLD TRAINED
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
ansaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
lame/address of principal office of the business entity(ies)
I/A
lature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered See attachment
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the assucopy(ies) of any agreement(s) relating to receipt of such severance payments or	assets of the corporation), professional the termination of employment or withdrawal from mption of public office. Attach to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest strollowing the date of assuming office or position, a supplement to this statement stronclusion of the transaction. Such supplement shall disclose any payments or post any agreements relating to such payments or proceeds.	shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received burpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in to N/A	hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the g	ift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRU KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR' EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMI	S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Brian K Bailey	4/5/2019 8:01:10 PM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

vear

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company 100 Linden Street Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Bailey	FIRST Brian	MI	K	
NAME OF AGI	ENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2. Additional Filings.** The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

under the Governor's jurisdiction:
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Envtl Grp Mgr
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
st all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
r out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
ansaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
ame/address of principal office of the business entity(ies)
/A
ature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

poards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit
accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the

Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
ist any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or corporation, partnership, or other entity, which payments or proceeds result from the corporation, professional corporation, partnership, or other entity upon the assurpcipy(ies) of any agreement(s) relating to receipt of such severance payments or professional corporation.	assets of the corporation), professional he termination of employment or withdrawal from mption of public office. <u>Attach</u> to this statement
Source(s) of any severance payments or proceeds	
Nature/description of payments or proceeds (ATTACH COPIES)	
n the event that a severance arrangement or sale or redemption of any interest spollowing the date of assuming office or position, a supplement to this statement should be conclusion of the transaction. Such supplement shall disclose any payments or proof any agreements relating to such payments or proceeds.	hall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received curpose of this section, payment or reimbursement for transportation, lodging or build disclosed as a gift. Gifts received from family members need not be disclosed in the	hospitality that exceeds \$100 shall be
lame/Address of the person(s)/entity(ies) from whom or on behalf of whom the gi	ift was directly or indirectly received
lature and value of gift(s)	
HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUI (NOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEME	S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Brian K Bailey	4/25/2018 7:56:18 PM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

vear

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company 100 Linden Street Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Bailey	FIRST N Brian	AME		MI K	SUFFIX
02	ADDRESS office (business or government)	nental) or home City		State Z	p Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURIT	TY NUMBER OR FINA	NCIAL ACCOUN	T NUMBERS.
03	STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	tions on page 2) DX Public Employ D Public Employ		E Check block i filing a solicit	f you are block if you s a are amending
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job tit	le, seeking	X hold	held	
í	a Envtl Prgm Mgr		seeking	hold	held	
	A Environmental Protection	are/were an Official, Employee, Candidate or Nominee (e	.g., dept, agency, authority, bor	rough, board, commission,	county, school district	twp, etc.)
06	OCCUPATION OR PROFESSION Environmental Group Manager	This may be the same as block 4)	07 YEAR SEE INST Information in Blocks the calendar year lists	8-15 represents disclo	osure for 2	018
80	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this	box. X			
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name See attachment	If NONE, check this box. Address				Interest Rate
10	DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	NCOME including (but not limited to) all Address	employment. (See instruc		Y IF NONE, k this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
	Address of Source of Gift			Circumstances (inc	cluding description	of Gift
12	TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page	2) If NONE, check t	this box. X	Value	-
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) See attachment	MENT IN ANY BUSINESS (S	iee instructions on page 2	if NONE, check Position Held (i.e., office	-	yee, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PROF	T (See instru	ctions on page 2)	If NONE, check t	his box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED Business (Name and Address) Transferree (Name and Address)	O TO IMMEDIATE FAMILY MEMBE	ER (See instru	ictions on page 2) If	NONE, check this Interest Held Relationship Date Transfer	. =

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Form electronically submitted by Brian K Bailey

Current Date

4/5/2019

SEC-1 CREDITORS - Attachment

<u>Creditor</u>

<u>Address</u>

Interest Rate



SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

Entity

Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801

Americus Hose Company 100 Linden Street Sunbury, PA 17801

Position Held

Fire Fighter - Emergency Medical Technician

Firefighter - Emergency Medical Technician

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01	LAST NAME Bailey	FIRST Brian	NAME	MI K	SUFFIX
02	ADDRESS office (business or gove	ernmental) or home City	State	Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMEN	ITS, DO NOT INCLUDE ANYTHING THAT BEARS	S YOUR SOCIAL SECURITY NUMBER O	R FINANCIAL ACCOUN	IT NUMBERS.
03	STATUS Check applicable block or blocks	s, more than one block may be marked, (See instru	uctions on page 2)	Ct	this of all this
	A Candidate (including write-in) B Nominee	C Public Official (Current) C Public Official (Former)	D Public Employee (Current) D Public Employee (Former)	E Chec block filing solici	if you are block if you as a are amendin
04	PUBLIC POSITION OR PUBLIC OFF	(administrator, member, Commissioner, job etc.)	title, seeking Xhold	held	-
,	A Envtl Grp Mgr				
		•	seeking hold	held	
Е					
05	5 GOVERNMENTAL ENTITY in which	h you are/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, borough, board, com	mission, county, school distric	t, twp, etc.)
A	A Environmental Protection				
Е	3				**
06	OCCUPATION OR PROFESSION	(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
	Environmental Group Manager		Information in Blocks 8-15 represents the calendar year listed here:	s disclosure for	.017
80	REAL ESTATE INTERESTS (See inst	ructions on page 2) If NONE, check this	-		
_					
09	CREDITORS (See instructions on page 2 Creditor (Name and Address) Name	2) If NONE, check this box			Interest Rate
	See attachment			•	
10	DIRECT OR INDIRECT SOURCES Of Name Environmental Protection	OF INCOME including (but not limited to) al Address	Il employment. (See instruction on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2 Source of Gift	2) If NONE, check this box.		Value of Gift	
	Address of Source of Gift		Circumstand	es (including description) of Gift
12	TRANSPORTATION, LODGING, HO Source (Name and Address)	SPITALITY (See instructions on pag	pe 2) If NONE, check this box.	Value	
13	OFFICE, DIRECTORSHIP, OR EMPL	OYMENT IN ANY BUSINESS ((See instructions on page 2) If NONE,	check this box.	1
	Business Entity (Name and Address)		Position Held (i.	e., officer, director, empl	oyee, etc.)
	See attachment	-			
	FINANCIAL INTEREST IN ANY LEG Name and Address of Business	AL ENTITY IN BUSINESS FOR PROP	FIT (See instructions on page 2		(i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFER	RED TO IMMEDIATE FAMILY MEMB	ER (See instructions on page	2) If NONE, check this	box. X
	Business (Name and Address)			Interest Held	تعا
_	Transferree (Name and Address)		<u> </u>	Relationship Date Transfer	red .
	The undersigned hereby affirms that the fortoothe penalties prescribed by 18 Pa.C.S.A.	regoing information is true and correct to best of sai	id person's knowledge, information and bei	lief; said affirmation bein	g made subject

SEC-1 CREDITORS - Attachment

Creditor





SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

Entity

Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801

Americus Hose Company 100 Linden Street Sunbury, PA 17801

Position Held

Fire Fighter - Emergency Medical Technician

Firefighter - Emergency Medical Technician

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Babb	FIRST Brian	MI	<u>T</u>	
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection	· · · · · · · · · · · · · · · · · · ·		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

Name of Board or Commission N/A Principal Occupation or Profession Principal Work Address	
Business Telephone Number	
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement	
Agency in which employed Environmental Protection	
Position Title Envtl Prgm Mgr	
Work Address	
Work Telephone Number	

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.

ivame/address of principal office of the business entity(les	,		
Nature/description of interest(s), including conditions and	encumbrances		
reaction description of interest(s), including conditions and			
Transfers:		•	
Nature/description of transferred interest(s) N/A			
Name/address of person(s)/entity(ies) to whom transf	ferred		

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit
accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed
N/A Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired

Ma	nner of transfer or conveyance (Purchase, inher	ritance, etc.)		
Tran	sfers:			
	Name, nature/description and mailing address N/A	of property interest(s)		
	Consideration or amount received (Dollar valu	e or payment in kind)		
	Name and address of person(s)/entity(ies) to v	whom transferred		
		A A SANGE		
	SEV	ERANCE PAYMENTS	PROTECTION CONTRACTOR OF THE PROTECTION CONTR	
interest corpora a corpo	severance payments received or to be received in any corporation (which represents 5% or mor tion, partnership, or other entity, which payment ration, professional corporation, partnership, or s) of any agreement(s) relating to receipt of such	re of the common stock or a s or proceeds result from th other entity upon the assum	ssets of the corporation), e termination of employm option of public office.	professional
Source N/A	(s) of any severance payments or proceeds			
Nature	description of payments or proceeds (ATTACH	COPIES)		
followir conclus	vent that a severance arrangement or sale or register that a severance arrangement or sale or register that a supplicion of the transaction. Such supplement shall degreements relating to such payments or procee	plement to this statement sh isclose any payments or pro	all be filed within 10 caler	ndar days following the
		GIFTS		
purpos	gifts of value in excess of \$100, including the for e of this section, payment or reimbursement for t ed as a gift. Gifts received from family members	transportation, lodging or h	ospitality that exceeds \$1	
Name/	Address of the person(s)/entity(ies) from whom o	or on behalf of whom the gif	t was directly or indirectly	received
Nature	and value of gift(s)			
KNOW	BY CERTIFY THAT THE INFORMATION PRES LEDGE, AND IS PROVIDED IN COMPLIANCE ITIVE ORDER 1980-18 DATED MAY 16, 1984,	WITH THE GOVERNOR'S	CODE OF CONDUCT P	ROMULGATED BY
	Form electronically submitted by Brian T	Babb	1/26/20	19 3:06:26 PM
SIGNA	TURE		DATE	

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Babb	FIRST Brian	MI	Т
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.

Nature/description of transferred interest(s)

Name/address of person(s)/entity(ies) to whom transferred

N/A

- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- a.) Heads of agencies are to file with the Secretary of 6. Individuals required to complete this form are to file as follows: Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

under the Governor's jurisdiction:
Name of Board or Commission N/A Principal Occupation or Profession Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed Environmental Protection
Position Title Permits Envoronmental Mgr
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
Nature/description of interest(s), including conditions and encumbrances
Transfers:

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

ame/address of the principal office of the business(es) and/or non-profit entity(ies)	
/A	-
ature and dollar value of interest(s), including any liens, encumbrances, etc.	
ransfers:	
Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES	
ist all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail cre	dit
ccounts, commercial banks, savings and loans and finance company loans.	
lame/address of person(s), entity(ies), institution(s) to whom liability or debt was owed	•
fanner in which debt/liability was secured	
mount of debt(s)/liability(ies) and terms of payment	
EMPLOYMENT	
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preced calendar year. Exclude Commonwealth employment listed on Page 2.	ling
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered	
itle/description of service(s)	
Period(s) of time during which services were, are or will be rendered	
otal amount of monies, compensation, consideration received	
REAL PROPERTY INTERESTS	
ist all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in great or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.	as, oil,
lame, nature/description and mailing address of real estate property interest(s)	
lature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	
loquisition:	
Date(s) Acquired	

Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received nterest in any corporation (which represents 5% or more of the common stock or accorporation, partnership, or other entity, which payments or proceeds result from the corporation, professional corporation, partnership, or other entity upon the assum copy(ies) of any agreement(s) relating to receipt of such severance payments or pro-	ssets of the corporation), professional e termination of employment or withdrawal from ption of public office. Attach to this statement
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest special following the date of assuming office or position, a supplement to this statement shappened on the transaction. Such supplement shall disclose any payments or proof any agreements relating to such payments or proceeds.	all be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received purpose of this section, payment or reimbursement for transportation, lodging or hodisclosed as a gift. Gifts received from family members need not be disclosed in thi N/A	ospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift	was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S	
EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBE	
Form electronically submitted by Brian T Babb	4/25/2018 12:44:58 PM
SIGNATURE	DATE

COMMISSION PENNSYLVANIA STATE ETHICS (717) 783-1610 TOLL FREE 1-800 -932-0936

01 LAST NAME Babb	FIRST Brian	NAME		MI T	SUFFIX
02 ADDRESS office (business or governme	ental) or home City		State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO	NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURI	TY NUMBER OF	R FINANCIAL ACCO	UNT NUMBERS.
O3 STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	than one block may be marked, (See instruction of Public Official (Current) C Public Official (Former)	octions on page 2) DX Public Emplo DPublic Emplo		E blo	ck this ck if you are block if you g as a are amending citor an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking	Xhold	held	
A Envtl Prgm Mgr B 05 GOVERNMENTAL ENTITY in which you ar	e/were an Official, Employee, Candidate or Nominee	seeking	hold	held	trict two etc.)
A Environmental Protection					
В					
COOLINATION OF PROFESSION	his may be the same as block 4)	07 YEAR SEE INS Information in Blocks the calendar year list	s 8-15 represents	disclosure for	2018
08 REAL ESTATE INTERESTS (See instruction	s on page 2) If NONE, check this	s box. X			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address			*	Interest Rate
10 DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	COME including (but not limited to) a Address	il employment. (See instru	ction on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.	-		Value of G	ift
Address of Source of Gift			Circumstano	es (including descript	ion) of Gift
12 TRANSPORTATION, LODGING, HOSPIT Source (Name and Address)	ALITY (See instructions on page	ge 2) If NONE, check	this box.	Value	· · ·
13 OFFICE, DIRECTORSHIP, OR EMPLOYN Business Entity (Name and Address)	MENT IN ANY BUSINESS	(See instructions on page		check this box. e., officer, director, en	X nployee, etc.}
14 FINANCIAL INTEREST IN ANY LEGAL E Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instr	uctions on page 2		ck this box. X eld (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED Business (Name and Address) Transferree (Name and Address)	TO IMMEDIATE FAMILY MEME	BER (See instr	uctions on page	2) If NONE, check Interest He Relationsh Date Trans	eld ip

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Babb	FIR Bria	ST NAME	MI T	SUFFIX
02 ADDRESS office (business or government	ental) or home city		State Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT B	EARS YOUR SOCIAL SECURITY	NUMBER OR FINANCIAL ACC	OUNT NUMBERS.
03 STATUS Check applicable block or blocks, more	e than one block may be marked, (See	instructions on page 2)		
A Candidate (including write-in) B Nominee	C Public Official (Current) C Public Official (Former)	DX Public Employee	(Current) E b	heck this lock if you are block if you ling as a olicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner etc.)	, job title, seeking	X hold held	
A Permits Envoronmental Mgr				
В		seeking	hold held	
05 GOVERNMENTAL ENTITY In which you ar	e/were an Official, Employee, Candidate or Non	ninee (e.g., dept, agency, authority, boroug	h, board, commission, county, school	district, twp, etc.)
A Environmental Protection				
OF OCCUPATION OF PROFESSION	This may be the same as blest, th	Les VEAR assuran		
Permits Environmental Mgr	This may be the same as block 4)	07 YEAR SEE INSTRU Information in Blocks 8-1 the calendar year listed h	5 represents disclosure for	2017
08 REAL ESTATE INTERESTS (See instruction	is on page 2) If NONE, check			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address			Interest Rate
10 DIRECT OR INDIRECT SOURCES OF IN Name	COME including (but not limited Address	to) all employment. (See instruction	on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
Environmental Protection				
11 GIFTS (See instructions on page 2) Source of Gift	if NONE, check this box.		Value of	Gift -
Address of Source of Gift			Circumstances (including descri	tion) of Gift
12 TRANSPORTATION, LODGING, HOSPIT Source (Name and Address)	ALITY (See instructions or	n page 2) If NONE, check this	box. X	
13 OFFICE, DIRECTORSHIP, OR EMPLOYN Business Entity (Name and Address)	MENT IN ANY BUSINESS	(See instructions on page 2)	If NONE, check this box.	X
		Pos	ition Held (i.e., officer, director, e	mployee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL E Name and Address of Business	NTITY IN BUSINESS FOR PR	ROFIT (See instruction	1	eck this box. X deld (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED	TO IMMEDIATE FAMILY ME	MBER (See instruction	ns on page 2) If NONE, check	this box.
Business (Name and Address)			Interest H	leld
Transferree (Name and Address)			Relations Date Tran	•

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Kresge	FIRST Randall	MI	S	
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form <u>before</u> completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

under the Governor's jurisdiction:
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
required to the this statement
Agency in which employed Environmental Protection
Position Title Prfsnl Geolgst Mgr Dep
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Hataro, accomption of interesting containing and area or an area or area or an area or a
Transfers:
Nature/description of transferred interest(s)
N/A
IV/S
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

oards of directors of business entities or not-for-profit entities.	
lame/address of the principal office of the business(es) and/or non-profit entity(ies)	
lature and dollar value of interest(s), including any liens, encumbrances, etc.	
ransfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u>	retail credit
accounts, commercial banks, savings and loans and finance company loans. Iame/address of person(s), entity(ies), institution(s) to whom liability or debt was owed I/A	
flanner in which debt/liability was secured	
amount of debt(s)/liability(ies) and terms of payment	·
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.	preceding
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered	
Fitle/description of service(s)	
Period(s) of time during which services were, are or will be rendered	
otal amount of monies, compensation, consideration received	
REAL PROPERTY INTERESTS ist all in-state and out-of-state real estate property interests including revenue producing leased facilities and interest oal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal res	erests in gas, oil, idence.
lame, nature/description and mailing address of real estate property interest(s)	
lature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	
Acquisition: Date(s) Acquired	
Name/Address of person(s)/entity(ies) from whom acquired	•

Trans	fers:	
	Name, nature/description and mailing address of property interest(s) N/A	
	Consideration or amount received (Dollar value or payment in kind)	
	Name and address of person(s)/entity(ies) to whom transferred	
	SEVERANCE PAYMENTS	
interest corpora a corpo	severance payments received or to be received, or any proceeds receive in any corporation (which represents 5% or more of the common stock or tion, partnership, or other entity, which payments or proceeds result from ation, professional corporation, partnership, or other entity upon the assumed of any agreement(s) relating to receipt of such severance payments or proceeds.	assets of the corporation), professional the termination of employment or withdrawal from mption of public office. Attach to this statement a
Source N/A	s) of any severance payments or proceeds	
Nature/	description of payments or proceeds (ATTACH COPIES)	
followin conclus	vent that a severance arrangement or sale or redemption of any interest s g the date of assuming office or position, a supplement to this statement s ion of the transaction. Such supplement shall disclose any payments or p greements relating to such payments or proceeds.	shall be filed within 10 calendar days following the
	GIFTS	
purpose	gifts of value in excess of \$100, including the forgiveness of a debt received of this section, payment or reimbursement for transportation, lodging or and as a gift. Gifts received from family members need not be disclosed in the	hospitality that exceeds \$100 shall be
Name//	address of the person(s)/entity(ies) from whom or on behalf of whom the g	ift was directly or indirectly received
Nature	and value of gift(s)	
KNOW	BY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRU LEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR' TIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMI	S CODE OF CONDUCT PROMULGATED BY
	Form electronically submitted by Randall S Kresge	4/23/2019 12:49:31 PM
SIGNA	TURE ,	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge	FIRST Randall	MI S	٠.
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

under the Governor's jurisdiction.
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Lcnsd Prfsnl Geolgst
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Transfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired
Tames added of personal from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers: Name, nature/description and mailing address of property interest(s) N/A	-
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
	July and the second
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received of interest in any corporation (which represents 5% or more of the common stock or as corporation, partnership, or other entity, which payments or proceeds result from the a corporation, professional corporation, partnership, or other entity upon the assumpt copy(ies) of any agreement(s) relating to receipt of such severance payments or pro-	sets of the corporation), professional termination of employment or withdrawal from otion of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest spe following the date of assuming office or position, a supplement to this statement shall conclusion of the transaction. Such supplement shall disclose any payments or proof any agreements relating to such payments or proceeds.	all be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received purpose of this section, payment or reimbursement for transportation, lodging or ho disclosed as a gift. Gifts received from family members need not be disclosed in this N/A	spitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift	was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBE	CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Randall S Kresge	5/14/2018 11:32:17 AM
SIGNATURE	DATE

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Kresge	FIRST Randa			MI S	SUFFIX
02	ADDRESS office (business or government)	nental) or home City		State Z	lip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, I	OO NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURIT	TY NUMBER OR FINA	ANCIAL ACCOUNT	NUMBERS.
03	STATUS Check applicable block or blocks, mo A Candidate (including write-in) B Nominee	re than one block may be marked, (See instrict C Public Official (Current) C Public Official (Former)	uctions on page 2) DX Public Employ DPublic Employ		E Check iblock if filing a solicito	fyou are Dlock if you sa are amending
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking	Xhold	held	
	A Prfsnl Geolgst Mgr Dep		seeking	hold	held	
A	GOVERNMENTAL ENTITY in which you a Environmental Protection	are/ware an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, bor	rough, board, commission	, county, school district,	twp, etc.)
_	0001017101101	(This may be the same as block 4)	07 YEAR SEE INST Information in Blocks the calendar year liste	8-15 represents discl	osure for 20	018
80	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check thi	s box. X			
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address				Interest Rate
10	DIRECT OR INDIRECT SOURCES OF II Name Environmental Protection	NCOME including (but not limited to) a	all employment. (See instruc		Y IF NONE, ck this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
	Address of Source of Gift			Circumstances (in	cluding description)	of Gift
12	TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on page	ge 2) If NONE, check t	his box. X	Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS	(See instructions on page 2) If NONE, chec	البتا	yea, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instru	ctions on page 2)	If NONE, check the	nis box. X i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERREI Business (Name and Address) Transferree (Name and Address)	O TO IMMEDIATE FAMILY MEME	BER (See instru	ctions on page 2) If	NONE, check this Interest Held Relationship Date Transfern	-

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Kresge	FIRST Randal		MI S	SUFFIX
02 ADDRESS office (business or government)	nental) or home City		State Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, I	DO NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURITY NUME	BER OR FINANCIAL ACCOU	NT NUMBERS.
O3 STATUS Check applicable block or blocks, mo A Candidate (including write-in) B Nominee	re than one block may be marked, (See instru C Public Official (Current) C Public Official (Former)	uctions on page 2) DX Public Employee (Curr D Public Employee (Form	ent) E block filing	k this Check this if you are block if you as a are amending itor an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking Xho	id held	
A Lcnsd Prisni Geolgst		seeking ho	ld held	
В	•			
GOVERNMENTAL ENTITY In which you A Environmental Protection	are/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, borough, boa	rd, commission, county, school distri	ct, twp, etc.)
OCCUPATION OR PROFESSION Licensed ProfessionalGeologist	(This may be the same as block 4)	07 YEAR SEE INSTRUCTIO Information in Blocks 8-15 rep the calendar year listed here:		2017
08 REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check thi			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. X			Interest Rate
DIRECT OR INDIRECT SOURCES OF II Name Environmental Protection	NCOME including (but not limited to) a	all amployment. (See instruction on p	g.2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.	,	Value of Gif	t .
Address of Source of Gift		Circu	mstances (including descriptio	n) of Gift
12 TRANSPORTATION, LODGING, HOSP Source (Name and Address)	ITALITY (See instructions on pa	ge 2) If NONE, check this box.	X Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS		NONE, check this box.	_
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instructions on		this box. X
15 BUSINESS INTERESTS TRANSFERRE Business (Name and Address)	D TO IMMEDIATE FAMILY MEME	BER (See instructions or	n page 2) If NONE, check the	. <u> </u>
Transferree (Name and Address)			Date Transfi	
The undersigned hereby affirms that the forest				

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge Current Date

5/14/2018 11:32:17 AM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Willey	FIRST Rick	MI	L	
NAME OF AG	ENCY, BOARD OR COMMISSION	Environmental Protection			
	The state of the s	The state of the s			
:		POLICY			
1. Sta	tements of Financial Interest. The	e following officials, appointees and employe	es c	f the	

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction

Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

Name of Board or C Principal Occupation Principal Work Addr Business Telephone	n or Profession ess		
	Heads of Agenc	B. To be completed by cies and all other Officials, Appointees and Employees required to file this statement	
Agency in which em		nental Protection	
Position Title Oil O	as Insp Supv		
Work Telephone Nu	mber		
		PERSONAL ECONOMIC INTEREST	

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.

	ncumbrances	
ransfers:		
Nature/description of transferred interest(s)		
N/A		

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of busi	ness entities or not-for-profit entities.
Name/address of the princ N/A	ipal office of the business(es) and/or non-profit entity(ies)
Nature and dollar value of	interest(s), including any liens, encumbrances, etc.
<i>ransfers:</i> Nature/description of t	ransferred interest(s)
Name/address of pers	on(s)/entity(ies) to whom transferred
	LIABILITIES
	wed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit ks, savings and loans and finance company loans.
Name/address of person(s N/A	s), entity(ies), institution(s) to whom liability or debt was owed
Manner in which debt/liabi	lity was secured ,
\mount of debt(s)/liability(ies) and terms of payment
list all nayments compor	EMPLOYMENT
consultant fees, offices, d calendar year. <u>Exclude</u>	sation, or consideration of any nature (including but not limited to salaried employment, irectorships, honoraria, travel/related expenses and other fees, etc.) earned during the <u>preceding</u> Commonwealth employment listed on Page 2. s), entity(ies), for whom service(s) were, are or will be rendered
N/A	
Title/description of service	(s)
Period(s) of time during w	hich services were, are or will be rendered
Total amount of monies, c	ompensation, consideration received
ist all in-state and out-of-	REAL PROPERTY INTERESTS state real estate property interests including revenue producing leased facilities and interests in gas, oil, ty producing interest held during the preceding calendar year. Exclude principal residence.
	and mailing address of real estate property interest(s)
	est(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired	
	son(s)/entity(ies) from whom acquired

copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds. Source(s) of any severance payments or proceeds N/A Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing		
N/A Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity which partnership, or other entity upon the assumption of public office. Attach to this statement opportunity of the proceeds of the payments or proceeds. Source(s) of any severance payments or proceeds NA Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments install disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received Nature and value of gift(s) HERREBY CERTIFY THAT THE INFORMATION PRESENTED HERRIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-1980-1980-1980-1980-1980-1980-1980-	Transfers:	
Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds received or to be received from the termination of employment or withdrawal from a corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, partnership, or other entity, which payments or proceeds source(s) of any agreement(s) relating to receipt of such severance payments or proceeds. Source(s) of any severance payments or proceeds NA Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filled within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received NAture and value of gift(s) Liested Science of the person of the provided in Computance with the Governor's cope of conduct promulcated by EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 0	Name, nature/description and mailing address of property interest(s)	•
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Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, pertnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement popylically of any severance payments or proceeds. Source(s) of any severance payments or proceeds NA Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filled within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received during the proceeding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received Nature and value of gift(s) LIEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.	Consideration or amount received (Dollar value or payment in kind)	
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SIGNATURE DATE	Form electronically submitted by Rick L Willey	2/21/2019 6:35:34 AM
	SIGNATURE	DATE
	,	

Manner of transfer or conveyance (Purchase, inheritance, etc.)

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

· · · · · · · · · · · · · · · · · · ·				
LAST NAME	Willey	FIRST Rick	MI	L
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Oil Gas Insp
Work Address
Work Telephone Number
DEDCOMAL ECONOMIC INTEREST
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
lame/address of principal office of the business entity(ies)
Leture (description of intercet/s), including conditions and ansumbrances
lature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred
Name/address of person(s)/entity(les) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

Name/address of the	e principal office of the business(es) and/or non-profit entity(ies)	
	lue of interest(s), including any liens, encumbrances, etc.	
ransfers: Nature/descripti N/A	on of transferred interest(s)	٠.
Name/address	of person(s)/entity(ies) to whom transferred	
	LIABILITIES	
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I/A	bt/liability was secured	
	ability(ies) and terms of payment	
	EMPLOYMENT compensation, or consideration of any nature (including but not limited to salaried employment,	
alendar year. <u>Ex</u> lame/address of p	ces, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the precclude Commonwealth employment listed on Page 2. erson(s), entity(ies), for whom service(s) were, are or will be rendered	eding
I/A Title/description of s	service(s)	
Period(s) of time du	ring which services were, are or will be rendered	
otal amount of mo	nies, compensation, consideration received	
coal or other minera Name, nature/descr	REAL PROPERTY INTERESTS out-of-state real estate property interests including revenue producing leased facilities and interests in all royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence, iption and mailing address of real estate property interest(s)	
I/A lature and extent o	f interest(s), including any conditions or encumbrances, and any partners in the interest	
Acquisition:	od.	
Date(s) Acquire	of person(s)/entity(ies) from whom acquired	

Transi	fore:	
i i ai i Si	Name, nature/description and mailing address of property interest(s)	
	N/A	
	Consideration or amount received (Dollar value or payment in kind)	
	Name and address of person(s)/entity(ies) to whom transferred	
	SEVERANCE PAYMENTS	
nterest i corporati corpora	severance payments received or to be received, or any proceeds received nany corporation (which represents 5% or more of the common stock or ion, partnership, or other entity, which payments or proceeds result from ation, professional corporation, partnership, or other entity upon the assult of any agreement(s) relating to receipt of such severance payments or	rassets of the corporation), professional the termination of employment or withdrawal from amption of public office. Attach to this statement
Source(s	s) of any severance payments or proceeds	
lature/d	lescription of payments or proceeds (ATTACH COPIES)	
ollowing conclusion	rent that a severance arrangement or sale or redemption of any interest so the date of assuming office or position, a supplement to this statement so on of the transaction. Such supplement shall disclose any payments or payments or payments or payments relating to such payments or proceeds.	shall be filed within 10 calendar days following the
	GIFTS	
ourpose disclose	ifts of value in excess of \$100, including the forgiveness of a debt receive of this section, payment or reimbursement for transportation, lodging or d as a gift. Gifts received from family members need not be disclosed in	hospitality that exceeds \$100 shall be
I/A Name/A	ddress of the person(s)/entity(ies) from whom or on behalf of whom the g	gift was directly or indirectly received
Nature a	and value of gift(s)	
-	·	
KNOWL	BY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRU LEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR TIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEM	'S CODE OF CONDUCT PROMULGATED BY
	Form electronically submitted by Rick L Willey	1/25/2018 9:41:17 AM
SIGNAT	URE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800 -932-0936

01	LAST NAME Willey	FIRST Rick	NAME	. MI L	SUFFIX
02	ADDRESS office (business or government)	ental) or home City		tate Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURITY NUMB	ER OR FINANCIAL ACCOUN	IT NUMBERS.
03	STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, (See instru C Public Official (Current) C Public Official (Former)	DX Public Employee (Curre	nt) Eblock	
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking X hok	d held	
	A Oil Gas Insp Supv		seeking hold	d held	
	В				
,	5 GOVERNMENTAL ENTITY In which you and Environmental Protection	re/were an Official, Employee, Candidate or Nominae	(e.g., dept, agency, authority, borough, board	i, commission, county, school distric	:t, twp, etc.)
06	OCCUPATION OR PROFESSION Oil & Gas Inspector Supervisor	This may be the same as block 4)	07 YEAR SEE INSTRUCTION Information in Blocks 8-15 represente calendar year listed here:		2018
08	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this	s box. 🛚 X		
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address			Interest Rate
10	DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	ICOME including (but not limited to) a Address	ll employment, (See instruction on pg	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.	·.	Value of Gift	
	Address of Source of Gift		Circum	nstances (including description	n) of Gift
12	TRANSPORTATION, LODGING, HOSPI' Source (Name and Address)	「ALITY (See instructions on page	ge 2) If NONE, check this box.	X Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS		ONE, check this box. X	-
14	FINANCIAL INTEREST IN ANY LEGAL I Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instructions on a		this box. X (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED Business (Name and Address)	TO IMMEDIATE FAMILY MEME	SER (See instructions on	page 2) If NONE, check thi Interest Held Relationship	s box.
_	Transferree (Name and Address)	·		Date Transfe	rred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Form electronically submitted by Rick L Willey

Current Date

2/21/2019

2/21/2019 6:35:34 AM

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Willey	F IRST Rick	NAME	MI L	SUFFIX
02 ADDRESS office (business or governmental	l) or home City	State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT	INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURITY NUMBER O	R FINANCIAL ACCOUN	T NUMBERS.
O3 STATUS Check applicable block or blocks, more than a Candidate (including write-in) C B Nominee C	one block may be marked, (See instru Public Official (Current) Public Official (Former)	DX Public Employee (Current) D Public Employee (Former)	E∭ Check block filing a solicit	if you are block if you are amending
04 PUBLIC POSITION OR PUBLIC OFFIC (admir etc.)	nistrator, member, Commissioner, job	title, seeking Xhold	held	
A Oil Gas Insp		seeking hold	held	·
	an Official Employee Candidate or Naminee	(e.g., dept, agency, authority, borough, board, con	umiceion county exhaut district	t hun atal
A Environmental Protection	an emissi, Empoyee, candidate of Normine	(од., чери, аденоў, ашколяў, выновдіі, воліц, сон	imssion, county, screen distinct	, mp, etc.)
06 OCCUPATION OR PROFESSION (This ma	ay be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 representhe calendar year listed here:	is disclosure for 2	017
08 REAL ESTATE INTERESTS (See instructions on p	page 2) If NONE, check thi	s box. 🛚 🗓		
09 CREDITORS (See instructions on page 2) If NON Creditor (Name and Address) Name	NE, check this box. Address			Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOMNAME Environmental Protection	IE including (but not limited to) a	ill employment. (See instruction on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NON Source of Gift	NE, check this box.		Value of Gift	
Address of Source of Gift		Circumstan	ces (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALIT Source (Name and Address)	(See instructions on page	ge 2) If NONE, check this box.	V alue	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT Business Entity (Name and Address)	T IN ANY BUSINESS		e, check this box. X.e., officer, director, emplo	
14 FINANCIAL INTEREST IN ANY LEGAL ENTIT Name and Address of Business	TY IN BUSINESS FOR PRO	FIT (See instructions on page		his box. X (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO I	IMMEDIATE FAMILY MEME	BER (See instructions on page	If NONE, check this Interest Held Relationship	s box. X
Transferree (Name and Address)	-		Date Transfer	red
The undersigned hereby affirms that the foregoing infor				

to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Willey

1/25/2018 9:41:17 AM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

T Steven	MI	F
nmental Protection		
	ST Steven onmental Protection	

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

under the Governor's jurisdiction:
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Oil Gas Insp Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Transfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities. Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A Nature and dollar value of interest(s), including any liens, encumbrances, etc. Transfers: Nature/description of transferred interest(s) Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment **EMPLOYMENT** List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered FARMINGTON TWP VOLUNTEER FIRE CO 6785 Route 36 Leeper, Pa 16233 Title/description of service(s) Asst Chief LINE OFFICER Period(s) of time during which services were, are or will be rendered JAN 1 TO DEC 31 Total amount of monies, compensation, consideration received VOLUNTEER **REAL PROPERTY INTERESTS** List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Name, nature/description and mailing address of real estate property interest(s) RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Date(s) Acquired 04/1/96

Acquisition:

Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER	
Manner of transfer or conveyance (Purchase, inheritance, etc.	
Transfers:	
Name, nature/description and mailing address of property N/A	interest(s)
Consideration or amount received (Dollar value or payme	nt in kind)
Name and address of person(s)/entity(ies) to whom transi	erred
SEVERANCE	PAYMENTS
List any severance payments received or to be received, or any pro- interest in any corporation (which represents 5% or more of the cor- corporation, partnership, or other entity, which payments or procee a corporation, professional corporation, partnership, or other entity copy(ies) of any agreement(s) relating to receipt of such severance	nmon stock or assets of the corporation), professional ds result from the termination of employment or withdrawal from upon the assumption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of following the date of assuming office or position, a supplement to the conclusion of the transaction. Such supplement shall disclose any of any agreements relating to such payments or proceeds.	his statement shall be filed within 10 calendar days following the
GIFT	S
List all gifts of value in excess of \$100, including the forgiveness of purpose of this section, payment or reimbursement for transportation disclosed as a gift. Gifts received from family members need not be N/A	on, lodging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf	of whom the gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HI KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENI	GOVERNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Steven F Lencer	2/19/2019 1:43:35 PM
SIGNATURE	DATE

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Lencer	FIRST Steven	MI	F	•
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - **c.** Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

and of the covernor of an exercise.
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
D. T. L. Specifical
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Oil Gas Insp Supv Work Address
Work Telephone Number
Tronk Tologhishis Names
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
ansaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
lame/address of principal office of the business entity(ies)
I/A
lature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities. Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A Nature and dollar value of interest(s), including any liens, encumbrances, etc. Transfers: Nature/description of transferred interest(s) Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment **EMPLOYMENT** List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year, Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered FARMINGTON TWP VOLUNTEER FIRE CO Title/description of service(s) CAPTAIN LINE OFFICER Period(s) of time during which services were, are or will be rendered JAN 1 TO DEC 31 Total amount of monies, compensation, consideration received VOLUNTEER REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Name, nature/description and mailing address of real estate property interest(s) RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest Acquisition: Date(s) Acquired 04/1/96 Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER

Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Towards	· · · · · · · · · · · · · · · · · · ·
Transfers: Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received or to be reinterest in any corporation (which represents 5% or more of the common stock or assets of the corporation, partnership, or other entity, which payments or proceeds result from the terminat a corporation, professional corporation, partnership, or other entity upon the assumption of puccepy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.	e corporation), professional ion of employment or withdrawal from
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest specified abore following the date of assuming office or position, a supplement to this statement shall be filed conclusion of the transaction. Such supplement shall disclose any payments or proceeds record any agreements relating to such payments or proceeds.	within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received during the purpose of this section, payment or reimbursement for transportation, lodging or hospitality to disclosed as a gift. Gifts received from family members need not be disclosed in this section. N/A	
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was direct	atly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND COI KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF	
EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 198	
Form electronically submitted by Steven F Lencer	4/24/2018 8:48:34 PM
SIGNATURE DAT	E

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800 -932-0936

01 LAST NAME Lencer	FIRST Steven			MI F	SUFFIX
02 ADDRESS office (business or governi	mental) or home City		State 2	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS,	DO NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURI	TY NUMBER OR FIN	ANCIAL ACCOUN	T NUMBERS.
O3 STATUS Check applicable block or blocks, medicable block or blo	cre than one block may be marked, (See instruction of Public Official (Current) C Public Official (Former)	octions on page 2) DX Public Emplo		E Check block filing a solicit	if you are block if you are amending
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking	X hold	held	
A Oil Gas Insp Supv		seeking	hold	held	
05 GOVERNMENTAL ENTITY in which you	are/were an Official, Employee, Candidate or Nominée	(e.g., dept. agency, authority, bo	rough, board, commission	county, school district	two.etc.)
A Environmental Protection					
06 OCCUPATION OR PROFESSION		L - VEAR			
Oil and Gas Inspector Supervio	(This may be the same as block 4)		RUCTIONS 8-15 represents discled here:	osure for 2	018
08 REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check thi		,		
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name See attachment	If NONE, check this box. Address				Interest Rate
10 DIRECT OR INDIRECT SOURCES OF I Name Environmental Protection	NCOME including (but not limited to) a Address	ill employment. (See instruc		LY IF NONE, ck this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.	-		Value of Gift	
Address of Source of Gift			Circumstances (in	ecluding description	of Gift
12 TRANSPORTATION, LODGING, HOSP Source (Name and Address)	ITALITY (See instructions on page	ge 2) If NONE, check	this box. X	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS	(See instructions on page 2) If NONE, chec	_	wee etc.)
FARMINGTON TWP VOLUNTEER FIRE 6785 Route 36 Leeper, Pa 16233	ECO	1	Asst Chief LINE		yee, etc.y
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instru	ctions on page 2)	If NONE, check to	his box. X (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRE	D TO IMMEDIATE FAMILY MEME	BER (See instru	ctions on page 2) If	NONE, check this	box. X
Business (Name and Address)				Interest Held	
Transferree (Name and Address)				Relationship Date Transfer	red

SEC-1 CREDITORS - Attachment

	OLO I OILEDITOILO
Creditor	<u>Address</u>

Interest Rate

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Lencer	FIRS Stev	BT NAME en		MI F	SUFFIX
02 ADDRESS office (business or government)	nental) or home City		State 2	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BE	ARS YOUR SOCIAL SECUE	RITY NUMBER OR FIN	ANCIAL ACCOUNT	NUMBERS.
O3 STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, (See in C Public Official (Current) C Public Official (Former)	DX Public Empl	oyee (Current) oyee (Former) .	E Check if block if filing as solicito	you are block if you are amending
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, etc.)	job title, seeking	Xhold	held	· · · · · · · · · · · · · · · · · · ·
A Oil Gas Insp Supv		seeking	hold	held	
05 GOVERNMENTAL ENTITY in which you	are/were an Official, Employee, Candidate or Nomi	nee (e.g., dept, agency, authority, t	orough, board, commission	, county, school district,	twp, etc.)
A Environmental Protection					
	This may be the same as block 4)	07 YEAR SEE IN:	s 8-15 represents disc	losure for 20	17
08 REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check				
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name. See attachment	If NONE, check this box. Address				Interest Rate
10 DIRECT OR INDIRECT SOURCES OF IN Name Environmental protection	NCOME including (but not limited to Address	o) all employment. (See instr		LY IF NONE, ck this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift	
Address of Source of Gift			Circumstances (in	ncluding description)	of Gift
12 TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructions on	page 2) If NONE, check	k this box.	Value	•
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) FARMINGTON TWP VOLUNTEER FIRE		(See instructions on page	2) If NONE, chec Position Held (i.e., off CAPTAIN LINE	icer, director, employ	/ee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PR	ROFIT (See inst	ructions on page 2)	if NONE, check th	is box. X .e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERREI Business (Name and Address)	O TO IMMEDIATE FAMILY ME	MBER (See inst	ructions on page 2) If	NONE, check this Interest Held Relationship	box. X
Transferree (Name and Address)				Date Transferre	bed
The undersigned hereby affirms that the foregoing		for all the second all the second all the second			

to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer

Current Date

4/24/2018 8:48:34 PM

SEC-1 CREDITORS - Attachment

Creditor	Address	•

Interest Rate

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Neville	FIRST Richard	MI	<u>L</u>
NAME OF AGENCY, BOARD OR COMMISSION		Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

under the Governor's jurisdiction:	
Name of Board or Commission N/A	
Principal Occupation or Profession	_
Principal Work Address	
Business Telephone Number	
B. To be completed by	
Heads of Agencies and all other Officials, Appointees and Employees	
required to file this statement	
Agency in which employed Environmental Protection	
Position Title Envtl Prgm Mgr	
Work Address	
Work Telephone Number	
PERSONAL ECONOMIC INTEREST	
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state	
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any	
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.	
Name/address of principal office of the business entity(ies)	
See attachment	_
Nature/description of interest(s), including conditions and encumbrances	
Transfers:	_
Nature/description of transferred interest(s)	
N/A	
Name/address of person(s)/entity(ies) to whom transferred	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities. Name/address of the principal office of the business(es) and/or non-profit entity(ies) Nature and dollar value of interest(s), including any liens, encumbrances, etc. Transfers: Nature/description of transferred interest(s) N/A Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment **EMPLOYMENT** List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335 Title/description of service(s) Real estate transactions-property evaluations Period(s) of time during which services were, are or will be rendered 1/1/2011-1/1/2012 Total amount of monies, compensation, consideration received Not active in 2018 **REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired	
Name/Address of person(s)/entity(ies) from whom acquired	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENTS	
List any severance payments received or to be received, or any proceeds received interest in any corporation (which represents 5% or more of the common stock or corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the assucopy(ies) of any agreement(s) relating to receipt of such severance payments or	r assets of the corporation), professional the termination of employment or withdrawal from umption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest of following the date of assuming office or position, a supplement to this statement conclusion of the transaction. Such supplement shall disclose any payments or professionary agreements relating to such payments or proceeds.	shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt received purpose of this section, payment or reimbursement for transportation, lodging or disclosed as a gift. Gifts received from family members need not be disclosed in N/A	hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the g	gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRU KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEM	'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Richard L Neville	3/21/2019 11:44:36 AM
SIGNATURE	DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):	
Nature/description of interest(s), including conditions and encumbrances:	
Name/Address of principal office of the business entity(ies):	
Nature/description of interest(s), including conditions and encumbrances:	
Nature/description of interest(s), including conditions and encumbrances:	

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Neville	FIRST Richard	MI L	
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

	under the Governor's jurisdiction:
Name of Board or Commission Principal Occupation or Profess	N/A
Principal Work Address	
Business Telephone Number	
Heads of	B. To be completed by Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed En	nvironmental Protection
Position Title Envtl Grp Mgr	
Work Address	
Work Telephone Number	
	PERSONAL ECONOMIC INTEREST
st all investments (including but	not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.

See attachment	
Nature/description of interest(s), including conditions and	encumbrances
Transfers:	
Nature/description of transferred interest(s)	,
N/A	

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities. Name/address of the principal office of the business(es) and/or non-profit entity(ies) Nature and dollar value of interest(s), including any liens, encumbrances, etc. Transfers: Nature/description of transferred interest(s) N/A Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment **EMPLOYMENT** List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year, Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335 Title/description of service(s) Real estate transactions-property evaluations Period(s) of time during which services were, are or will be rendered 1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2017

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Name/Address of person(s)/entity(ies) from whom acquired	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers: Name, nature/description and mailing address of property inter N/A	rest(s)
Consideration or amount received (Dollar value or payment in	kind)
Name and address of person(s)/entity(ies) to whom transferred	E
SEVERANCE PAY	MENTS
List any severance payments received or to be received, or any proceed interest in any corporation (which represents 5% or more of the common corporation, partnership, or other entity, which payments or proceeds real corporation, professional corporation, partnership, or other entity upon copy(ies) of any agreement(s) relating to receipt of such severance payments.	n stock or assets of the corporation), professional sult from the termination of employment or withdrawal from the assumption of public office. Attach to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any following the date of assuming office or position, a supplement to this stronclusion of the transaction. Such supplement shall disclose any payr of any agreements relating to such payments or proceeds.	atement shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a de purpose of this section, payment or reimbursement for transportation, lo disclosed as a gift. Gifts received from family members need not be disc	odging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom	nom the gift was directly or indirectly received
Nature and value of gift(s)	
· .	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREI KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOV EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED S	/ERNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Richard L Neville	2/12/2018 7:02:07 AM
SIGNATURE	DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):	
Nature/description of interest(s), including conditions and encumbrances:	•
Name/Address of principal office of the business entity(ies):	_
Nature/description of interest(s), including conditions and encumbrances:	

COMMISSION PENNSYLVANIA STATE ETHICS (717) 783-1610 TOLL FREE 1-800 -932-0936

01 LAST NAME Neville	FIRST N. Richard	AME		M! L	SUFFIX
02 ADDRESS office (business or governme	ntal) or home City		State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO	NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURITY	NUMBER OR F	INANCIAL ACCOUN	IT NUMBERS.
	than one block may be marked, (See instruct C Public Official (Current) C Public Official (Former)	ions on page 2) DX Public Employe D Public Employe		E Check block filing solici	if you are block if you as a are amending
	administrator, member, Commissioner, job titletc.)	e, seeking	Xhold	held	
A Envtl Prgm Mgr		seeking	hoid	held	
В				·	
o5 GOVERNMENTAL ENTITY in which you are A Environmental Protection. B	were an Official, Employee, Candidate or Nominee (e.	g., dept, agency, authority, boro	ugh, board, commiss	ion, county, school distric	zt, twp, etc.)
•	nis may be the same as block 4)	7 YEAR SEE INSTE			
Environmental Program Manager		Information in Blocks 8 the calendar year listed		sclosure for	2018
08 REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this b	юх. 🛚 🗷			
09 CREDITORS (See instructions on page 2) Proceeditor (Name and Address) Name	f NONE, check this box. Address				Interest Rate
See attachment					
DIRECT OR INDIRECT SOURCES OF INCINAME Environmental Protection	including (but not limited to) all defenses	employment, (See instructi		ONLY IF NONE, heck this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) In Source of Gift	f NONE, check this box.			Value of Gift	
Address of Source of Gift			Circumstances	(including description	n) of Gift
12 TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)	ALITY (See instructions on page	2) If NONE, check the	is box. X	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYM Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335	IENT IN ANY BUSINESS (S		osition Held (i.e.,	neck this box. officer, director, empansactions-prop] loyee, etc.) erty evaluations
14 FINANCIAL INTEREST IN ANY LEGAL EI Name and Address of Business	NTITY IN BUSINESS FOR PROFI	T (See instruc	tions on page 2)	If NONE, check Interest Held	this box. []
15 BUSINESS INTERESTS TRANSFERRED	TO IMMEDIATE FAMILY MEMBE	R (See instruc	tions on page 2)	If NONE, check th	s box.
Business (Name and Address)				Interest Held Relationship	
Transferree (Name and Address)			,	Date Transfe	rred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Form electronically submitted by Richard L Neville

Current Date

3/21/2019

SEC-1 CREDITORS - Attachment

<u>Creditor</u>

<u>Address</u>

Interest Rate

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

ADDRESS office (business or governmental) or home On Status Note: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEADS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS STATUS Chad septisede blook or blooks, now than crus book may be marked. (Bids interactions on page.) I practice (Distal Crushing) Office (Distal Crushing) O	01 LAST NAME Neville	FIRST Richard			. MI	SUFFIX
STATUS Check this about 1 Check this about 1 Control 1 C	02 ADDRESS office (business or government)	nental) or home City		State	Zip Code	Area Code Phone
Comparison of the company of the com	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, I	DO NOT INCLUDE ANYTHING THAT BEAR	S YOUR SOCIAL SECURI	TY NUMBER OR FI	NANCIAL ACCOUN	T NUMBERS.
A Envit Grp Mgr	A Candidate (including write-in)	C Public Official (Current)	DX Public Emplo		E block filing a	if you are block if you as a are amend or an original
See See Instructions on page 2 If NONE, check this box.	04 PUBLIC POSITION OR PUBLIC OFFIC		title, seeking	X hold	held	
B OF GOVERNMENTAL ENTITY In wetch you anewers as Official, Employee, Cardicides or Novelowe (e.g., dept. agency, authorty, borough, board, committein, county, schard district, top, etc.) A Environmental Protection B OF OCCUPATION OR PROFESSION Environmental Group Manager OF TYEAR SEE INSTRUCTIONS Information in blocks 6-15 represented disclosure for 2017 OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF CREDITORS OR environmental Protection OF CREDITORS OR environmental Protection Instructions on page 2) If NONE, check this box. Address Environmental Protection OF CREDITORS OR environmental Protection Instructions on page 2) If NONE, check this box. Address Environmental Protection OF Crommitter (Name and Address) OF CREDITORS OR environmental Protection Instructions on page 2) If NONE, check this box. OF Crommitter (Name and Address) Instructions on page 2) If NONE, check this box. OF Crommitter (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS (See instructions on page 2) If NONE, check this box. Position Had (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations Meadville, Pa 16335 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS FOR PROFIT OFFICE, DIRECTOR	A Envtl Grp Mgr	-				
A Environmental Protection 6 OCCUPATION OR PROFESSION Environmental Group Manager OR REAL ESTATE INTERESTS (See instructions on page 2) OF YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for 2017 OR REAL ESTATE INTERESTS (See instructions on page 2) OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF REAL ESTATE INTE	В .	•	seeking	hold	held	
OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Group Manager (Profession & Profession & Professi	05 GOVERNMENTAL ENTITY in which you	are/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, bo	rough, board, commission	n, county, school district	, twp, etc.)
OCCUPATION OR PROFESSION Environmental Group Manager (This may be the same as block-4) Environmental Group Manager (This may be the same as block-4) Environmental Group Manager (This may be the same as block-4) Environmental Group Manager (This may be the same as block-4) Environmental Group Manager (This may be the same as block-4) Environmental Group Manager (This may be the same as block-4) (This may be fished here: (This may be fished this box.	A Environmental Protection					
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Environmental Group Manager Information in Blocks 8-15 represented declosure for 2017	06 OCCUPATION OR PROFESSION	(This may be the same as block 4)	07 YEAR SEEINS	TRUCTIONS		
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Object Or Indirect Sources OF Income Indirect Indirec	08 REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check this				-
Address Environmental Protection Address Environmental Protection If NONE, check this box. Value of Gift	Creditor (Name and Address)	—		· .		Interest Rate
Source of Gift Address of Source of Gift Circumstances (including description) of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) 16 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) 17 INONE, check this box. Interest Held Rejationship	Name		ll employment. (See instruc			(OFFICIAL USE ONLY)
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Value		If NONE, check this box.			Value of Gift	
Source (Name and Address) Value 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Business (Name and Address) See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)	Address of Source of Gift			Circumstances (i	ncluding description)	of Gift
Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business Business (Name and Address) Position Held (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)		TALITY (See instructions on page	je 2) If NONE, check	this box.	Value	
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.) Interest Held (i.e., 5%, 10%, etc.)	Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road	MENT IN ANY BUSINESS	1	Position Held (i.e., of	ficer, director, emplo	
Business (Name and Address) Interest Held Relationship		ENTITY IN BUSINESS FOR PROP	FIT (See instru	ctions on page 2)		
Relationship		TO IMMEDIATE FAMILY MEMB	ER (See instru	ictions on page 2)	-	box.
Transferree (Name and Address)	Business (Name and Address) Transferree (Name and Address)					ed

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Dudzic	FIRST Scott	MI	M
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form <u>before</u> completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

under the Governor's jurisdiction:
Name of Board or Commission N/A Principal Occupation or Profession Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed Environmental Protection
Position Title Envtl Grp Mgr Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests. lame/address of principal office of the business entity(ies)
lature/description of interest(s), including conditions and encumbrances
ransfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit
accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing logged facilities and interests in gas, all
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired	·
Name/Address of person(s)/entity(ies) from whom acquired	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property in	iterest(s)
N/A	
Consideration or amount received (Dollar value or payment	in kind)
Name and address of person(s)/entity(ies) to whom transfer	red
SEVERANCE PA	AYMENTS
List any severance payments received or to be received, or any proceinterest in any corporation (which represents 5% or more of the comporation, partnership, or other entity, which payments or proceeds a corporation, professional corporation, partnership, or other entity up copy(ies) of any agreement(s) relating to receipt of such severance proceeds.	non stock or assets of the corporation), professional result from the termination of employment or withdrawal from on the assumption of public office. Attach to this statement of
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of a following the date of assuming office or position, a supplement to this conclusion of the transaction. Such supplement shall disclose any particles of any agreements relating to such payments or proceeds.	statement shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a purpose of this section, payment or reimbursement for transportation, disclosed as a gift. Gifts received from family members need not be d N/A	, lodging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of	whom the gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HER KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE G EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDE	OVERNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Scott M Dudzic	1/22/2019 8:24:03 AM
SIGNATURE	DATE

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic	FIRST Scott	MI	М	
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection			

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

under the Governor's jurisdiction.
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Protection
Position Title Envtl Grp Mgr
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any ransaction involving the Commonwealth. Exclude any items reported under Real Property Interests.
lature/description of interest(s), including conditions and encumbrances
ransfers: Nature/description of transferred interest(s) N/A
BIG .
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding
calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition:

Date(s) Acquired	
Name/Address of person(s)/entity(ies) from whom acquired	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	
Name, nature/description and mailing address of property inte	rest(s)
N/A	
Consideration or amount received (Dollar value or payment in	kind)
Name and address of person(s)/entity(ies) to whom transferred	d
SEVERANCE PAY	MENTS
List any severance payments received or to be received, or any proceed interest in any corporation (which represents 5% or more of the common corporation, partnership, or other entity, which payments or proceeds real corporation, professional corporation, partnership, or other entity upor copy(ies) of any agreement(s) relating to receipt of such severance pay	n stock or assets of the corporation), professional sult from the termination of employment or withdrawal from a the assumption of public office. Attach to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any following the date of assuming office or position, a supplement to this st conclusion of the transaction. Such supplement shall disclose any payr of any agreements relating to such payments or proceeds.	atement shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a depurpose of this section, payment or reimbursement for transportation, ledisclosed as a gift. Gifts received from family members need not be disc	odging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of w	hom the gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREI KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOV	VERNOR'S CODE OF CONDUCT PROMULGATED BY
EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED	
Form electronically submitted by Scott M Dudzic	4/4/2018 7:28:46 AM
SIGNATURE	DATE

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Dudzic	FIRST I Scott	NAME	M	SUFFIX
02 ADDRESS office (business or governm	ental) or home City		State Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING THAT BEAR:	S YOUR SOCIAL SECURITY NUME	BER OR FINANCIAL ACCOU	NT NUMBERS.
O3 STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, (See instru C Public Official (Current) C Public Official (Former)	octions on page 2) DX Public Employee (Curro D Public Employee (Form	ent) E block filing	ck this k if you are block if you as a are amenditor an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job etc.)	title, seeking Xhol	d held	
A Envtl Grp Mgr		seeking hol	d heid	
В				
A Environmental Protection	re/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, borough, boar	rd, commission, county, school distri	ict, twp, etc.)
B COCUPATION OF PROFESSION	·			
OB OCCUPATION OR PROFESSION Envtl Grp Mgr	This may be the same as block 4)	07 YEAR SEE INSTRUCTIO Information in Blocks 8-15 repr		2018
08 REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this	the calendar year listed here:		· · · · · · · · · · · · · · · · · · ·
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. X			Interest Rate
DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	ICOME including (but not limited to) a Address	II employment. (See instruction on p	Q.2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.		Value of Gif	t .
Address of Source of Gift		Circu	mstances (including descriptio	n) of Gift
12 TRANSPORTATION, LODGING, HOSPIT Source (Name and Address)	FALITY (See instructions on pag	ge 2} If NONE, check this box.	X Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	MENT IN ANY BUSINESS		NONE, check this box.	_
14 FINANCIAL INTEREST IN ANY LEGAL IN Name and Address of Business	ENTITY IN BUSINESS FOR PRO	FIT (See instructions on		this box. X
15 BUSINESS INTERESTS TRANSFERRED Business (Name and Address) Transferree (Name and Address)	TO IMMEDIATE FAMILY MEME	BER (See instructions on	page 2) If NONE, check the Interest Held Relationship Date Transfe	1

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic

Current Date

1/22/2019 8:24:03 AM

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

01 LAST NAME Dudzie	FIRST NAI Scott	ME	MI M	SUFFIX
02 ADDRESS office (business or governmental) o	or home City	Sta	te Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT IN	ICLUDE ANYTHING THAT BEARS YO	OUR SOCIAL SECURITY NUMBER	R OR FINANCIAL ACCOU	NT NUMBERS.
	block may be marked, (See instruction ablic Official (Current) ablic Official (Former)	ns on page 2) DX Public Employee (Current DX Public Employee (Former)) E bloc	ck this k if you are block if you g as a are amendin an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrate)	rator, member, Commissioner, job title,	seeking X hold	held	
A Envtl Grp Mgr		seeking hold	held	
A Environmental Protection	official, Employee, Candidate or Nominee (e.g.,	dept, agency, authority, borough, board, v	commission, county, school distr	rict, twp, etc.)
06 OCCUPATION OR PROFESSION (This may be Envtl Grp Mgr	be the same as block 4) 07	YEAR SEE INSTRUCTIONS Information in Blocks 8-15 repres the calendar year listed here:		2017
08 REAL ESTATE INTERESTS (See instructions on page	2) If NONE, check this box			•
09 CREDITORS (See instructions on page 2) If NONE, Creditor (Name and Address) Name	check this box. X			Interest Rate
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME</u> Name Environmental Protection	including (but not limited to) all em Address	ployment, (See instruction on pg. 2	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, Source of Gift	check this box.		Value of Gil	ft
Address of Source of Gift		Circums	tances (including description	on) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)	(See instructions on page 2)	if NONE, check this box.	X Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN Business Entity (Name and Address)	N ANY BUSINESS (See		NE, check this box.	_
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business	IN BUSINESS FOR PROFIT	(See instructions on pa		t this box. X d (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMI Business (Name and Address)	MEDIATE FAMILY MEMBER	(See instructions on pa	ige 2) If NONE, check the Interest Held	4
Transferree (Name and Address)			Date Transf	erred
The undersigned hereby affirms that the foregoing informat	tion is true and correct to best of said pe	erson's knowledge, information and	belief: said affirmation bei	ing made subject

to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic

Current Date

4/4/2018 7:28:46 AM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux	FIRST John	·MI	S
NAME OF AGENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction;

under the Governor's jurisdiction:
Name of Board or Commission N/A Principal Occupation or Profession Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement Agency in which employed Environmental Protection Position Title Wtr Qlty Spcst Supv Work Address Work Telephone Number
PERSONAL ECONOMIC INTEREST ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any ransaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests. Iame/address of principal office of the business entity(ies)
See attachment
lature/description of interest(s), including conditions and encumbrances
ransfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

·	business entities or not-for-profit entition	es.	
Name/address of the	orincipal office of the business(es) and	l/or non-profit entity(ies)	
lature and dollar valu	e of interest(s), including any liens, en	ncumbrances, etc.	
ransfers: Nature/descriptio	n of transferred interest(s)		
Name/address or	person(s)/entity(ies) to whom transfer	red	
		IABILITIES	
occounts, commercia	ots owed to any person, entity, or instit banks, savings and loans and finance son(s), entity(ies), institution(s) to who	e company loans.	year. <u>Exclude</u> retail credit
	/liability was secured		A contract of the second
mount of debt(s)/lia	oility(ies) and terms of payment		
	EM	IPLOYMENT	
consultant fees, offic calendar year. <u>Exc</u> l		-	
N/A		, word, and or will be reflected	
Fitle/description of se	rvice(s)		
Period(s) of time dur	ng which services were, are or will be	rendered	
Total amount of mon	es, compensation, consideration recei	ived	
	ut-of-state real estate property interests	PPERTY INTERESTS s including revenue producing leased fa the preceding calendar year. Exclude	
Name, nature/descrip N∕A	tion and mailing address of real estate	e property interest(s)	
Nature and extent of	nterest(s), including any conditions or	encumbrances, and any partners in the	interest
A <i>cquisition:</i> Date(s) Acquired			

•
or to be received from the sale or redemption of issets of the corporation), professional is termination of employment or withdrawal from aption of public office. Attach to this statement are ceeds.
ecified above is concluded more than 30 days all be filed within 10 calendar days following the occeds received or to be received and the filing
during the <u>preceding</u> calendar year. For the ospitality that exceeds \$100 shall be is section.
t was directly or indirectly received
:
AND CORRECT TO THE BEST OF MY CODE OF CONDUCT PROMULGATED BY ER 28, 1987 AND MAY 09, 2007.
1/22/2019 8:58:04 AM
DATE
DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):			
Nature/description of interest(s), including conditions and encumbrances:	ì		
Name/Address of principal office of the business entity(ies):			
	•		
Nature/description of interest(s), including conditions and encumbrances:		,	
Name/Address of principal office of the business entity(ies):			
Nature/description of interest(s), including conditions and encumbrances:			
Name/Address of principal office of the business entity(ies):			
Nature/description of interest(s), including conditions and encumbrances:	5.		
Name/Address of principal office of the business entity(ies):		-	· · · · · ·
Nature/description of interest(s), including conditions and encumbrances:			
Name/Address of principal office of the business entity(ies):			
Nature/description of interest(s), including conditions and encumbrances:			
Name/Address of principal office of the business entity(ies):			
Nature/description of interest(s), including conditions and encumbrances:			

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Lux	FIRST John	MI	S
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed Environmental Protection
Position Title Wtr Qity Spcst Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
See attachment Nature/description of interest(s), including conditions and encumbrances
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

poards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) **I/A*** **I/A**** **I/A*** **I/A** **I
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans.
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment,
consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A
Title/description of service(s)
Period(s) of time during which services were, are or will be rendered
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

1

. 1

Transfers:	
Name, nature/description and mailing address of property interest(s)	
N/A	
Consideration or amount received (Dollar value or payment in kind)	
Name and address of person(s)/entity(ies) to whom transferred	
SEVERANCE PAYMENT	19
List any severance payments received or to be received, or any proceeds receinterest in any corporation (which represents 5% or more of the common stock corporation, partnership, or other entity, which payments or proceeds result from a corporation, professional corporation, partnership, or other entity upon the astropy(ies) of any agreement(s) relating to receipt of such severance payments of	or assets of the corporation), professional m the termination of employment or withdrawal from sumption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any interest following the date of assuming office or position, a supplement to this statement conclusion of the transaction. Such supplement shall disclose any payments of any agreements relating to such payments or proceeds.	nt shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt rece purpose of this section, payment or reimbursement for transportation, lodging disclosed as a gift. Gifts received from family members need not be disclosed in NA	or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the	e gift was directly or indirectly received
Nature and value of gift(s)	
· ·	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TO KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNO EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTE	R'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by John S Lux	4/30/2018 9:32:25 AM
SIGNATURE	DATE

Manner of transfer or conveyance (Purchase, inheritance, etc.)

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):		
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):		-
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):		
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):		
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):		
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):		
		•
Nature/description of interest(s), including conditions and encumbrances:		
Name/Address of principal office of the business entity(ies):	•	
Nature/description of interest(s), including conditions and encumbrances:		

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Lux	FIRST John	NAME	MI S	SUFFIX
02	ADDRESS office (business or governm	nental) or home City		State Zip Code	Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	OO NOT INCLUDE ANYTHING THAT BEAR	RS YOUR SOCIAL SECURITY N	UMBER OR FINANCIAL ACC	OUNT NUMBERS.
03	STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	re than one block may be marked, (See inst C Public Official (Current) C Public Official (Former)	ructions on page 2). DX Public Employee (F	Current) E b	check this clock if you are block if you lling as a are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, joi etc.)	o title, seeking X	hold held	
, ,	Wtr Qity Spost Supv		seeking	hold held	
0	GOVERNMENTAL ENTITY in which you Environmental Protection	are/were an Official, Employee, Candidate or Nomine	e (e.g., dept, agency, authority, borough	, board, commission, county, school	district, twp, etc.)
_		(This may be the same as block 4)	07 YEAR SEE INSTRUC Information in Blocks 8-15 the calendar year listed he	represents disclosure for	2018
08	REAL ESTATE INTERESTS (See instruction	ons on page 2) If NONE, check the	nis box. 🛚		
09	CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. Address			Interest Rate
10	DIRECT OR INDIRECT SOURCES OF I Name Environmental Protection	NCOME jncluding (but not limited to) Address	all employment. (See instruction	on pg. 2) ONLY IF NONE, check this block	k. (OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) Source of Gift	if NONE, check this box.	•	Value d	of Gift
	Address of Source of Gift			Circumstances (including desc	ription) of Gift
12	TRANSPORTATION, LODGING, HOSP Source (Name and Address)	See instructions on p	rage 2) If NONE, check this	box. X	
13	OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address)	YMENT IN ANY BUSINESS	(See instructions on page 2) Pos	If NONE, check this box. ition Held (i.e., officer, director,	X , employee, atc.)
14	FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FOR PR	OFIT (See instruction		t Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRE Business (Name and Address) Transferree (Name and Address)	ED TO IMMEDIATE FAMILY MEN	1BER (See instruction	ons on page 2) If NONE, che Interesi Relatio Date Tr	t Held

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn fatsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

O2 ADDRESS office (business or governmental) or home City NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEA O3 STATUS Check applicable block or blocks, more than one block may be marked, (See in	····	State Zip Code	Area Code Phone
	nstructions on page 2) DX Public Employee (Cur	BER OR FINANCIAL ACCOU	
03 STATUS Check applicable block or blocks, more than one block may be marked, (See in	DX Public Employee (Cur		NT NUMBERS.
A Candidate (Including write-in) C Public Official (Current) B Nominee C Public Official (Former)		rent) E bloc	ck this k if you are block if you g as a are amending citor an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, jetc.)	job title, seeking Xinc	id held	
A Wtr Qity Spost Supv	seeking ho	old held	
O5 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomin A Environmental Protection B	nee (e.g., dept, agency, authority, borough, boo	ard, commission, county, school distr	rict, twp, etc.)
OG OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTION Information in Blocks 8-15 reputhe calendar year listed here:		2017
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check	this box. 🔀		
OPERITORS (See instructions on page 2) If NONE, check this box. X X			Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to Address Environmental Protection	o) all employment. (See instruction on p	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gi	ft .
Address of Source of Gift	Circu	imstances (including description	on) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on Source (Name and Address)	page 2) If NONE, check this box	. X Value	a consequence de cons
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address)		NONE, check this box.	X ployee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PR Name and Address of Business	ROFIT (See instructions or		k this box. X Id (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MER Business (Name and Address) Transferree (Name and Address)	MBER (See instructions of	n page 2) If NONE, check the Interest Hel Relationship Date Transf	d

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn faisification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux

4/30/2018 9:32:25 AM

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Meyer	FIRST Chad	MI	A
NAME OF AG	ENCY, BOARD OR COMMISSION	Environmental Protection	_	

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the <u>preceding</u> calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the HR Service Center,
 PO Box 824, Harrisburg, PA 17108-0824.
 b.) Chairpersons and Members of Compensated Boards and Commissions are
 to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.
 c.) All other officials, appointees, and
 employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:

Principal Occupation or Pr Principal Work Address	ofession N/A
Business Telephone Num	ber
Head	B. To be completed by ds of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed	Environmental Protection
Position Title Wtr Qlty S	pcst Supv
Work Address	
Work Telephone Number	
	PERSONAL ECONOMIC INTEREST
	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business ent	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
or out-of-state business ent transaction involving the Cor	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any mmonwealth. <u>Exclude</u> any items reported under Real Property Interests.
or out-of-state business ent transaction involving the Co Name/address of principal o	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
or out-of-state business ent transaction involving the Cor Name/address of principal o N/A	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any mmonwealth. <u>Exclude</u> any items reported under Real Property Interests.
or out-of-state business ent transaction involving the Cor Name/address of principal o N/A Nature/description of interes	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any mmonwealth. <u>Exclude</u> any items reported under Real Property Interests.
or out-of-state business ent transaction involving the Cor Name/address of principal o N/A Nature/description of interes	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any mmonwealth. <u>Exclude</u> any items reported under Real Property Interests. Iffice of the business entity(ies) t(s), including conditions and encumbrances
or out-of-state business ent transaction involving the Cor Name/address of principal o N/A	g but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state ity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any mmonwealth. <u>Exclude</u> any items reported under Real Property Interests. Iffice of the business entity(ies) t(s), including conditions and encumbrances

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

Adature and dollar value of interest(s), including any liens, encumbrances, etc. **Fransfers:** Nature/description of transferred interest(s) N/A Name/address of person(s)/entity(ies) to whom transferred **LIABILITIES** List all liabilities or debts owed to any person, entity, or institution during the praceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(ie) to whom liability or debt was owed N/A Manner in which debt/liability was secured **Amount of debt(s)/liability(ies) and terms of payment **EMPLOYMENT** List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the praceding calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered NA Title/description of service(s) Period(s) of time during which services were, are or will be rendered **REAL PROPERTY INTERESTS** List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the praceding calendar year. Exclude principal residence. Name, nature/description and mailing address of real estate property interest(s) 4.12 acre vacant field. Control # 06-0-042288 154 State Route 1032, Templeton, PA 18259 Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	poards of directors of business entities or not-for-profit entities.	
Natural description of transferred interest(s) N/A Name/address of person(s)/entity(ies) to whom transferred List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ses), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(es), for whom service(s) were, are or will be rendered N/A Title/description of service(s) Period(s) of time during which services were, are or will be rendered Total amount of monies, compensation, consideration received REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Name, nature/description and malling address of real estate property interest(s) 4.12 acre vacant field. Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259 Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A	
Nature/description of transferred interest(s) N/A Name/address of person(s)/entity(ies) to whom transferred LIABILITIES List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed NA Manner in which debt/liability was secured EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered NA Title/description of service(s) Period(s) of time during which services were, are or will be rendered Total amount of monies, compensation, consideration received REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Name, nature/description and mailing address of real estate property interest(s) 4.12 acre vacant field. Control # 06-0-04228 154 State Route 1032, Templeton, PA 16259 Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	Nature and dollar value of interest(s), including any liens, encumbrances, etc.	
List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A Manner in which debt/liability was secured Amount of debt(s)/liability(ies) and terms of payment EMPLOYMENT List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2. Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered N/A Title/description of service(s) Period(s) of time during which services were, are or will be rendered Total amount of monies, compensation, consideration received REAL PROPERTY INTERESTS List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Name, nature/description and mailing address of real estate property interest(s) 4.12 acre vacant field. Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259 Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest		
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Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	4.12 acre vacant field.	
Acquisition:	Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	
Date(s) Acquired 4/22/17 Name/Address of person(s)/entity(jes) from whom acquired		

Robert Meyer 122 State Route 1031 Templeton, PA 16259	
Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	4.5
Name, nature/description and mailing address of property interest	t(s)
N/A	The second secon
Consideration or amount received (Dollar value or payment in kind	d)
Name and address of person(s)/entity(ies) to whom transferred	·
SEVERANCE PAYME	ENTS
List any severance payments received or to be received, or any proceeds rinterest in any corporation (which represents 5% or more of the common st corporation, partnership, or other entity, which payments or proceeds resul a corporation, professional corporation, partnership, or other entity upon the copy(ies) of any agreement(s) relating to receipt of such severance payments	cock or assets of the corporation), professional t from the termination of employment or withdrawal from e assumption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any int following the date of assuming office or position, a supplement to this state conclusion of the transaction. Such supplement shall disclose any paymer of any agreements relating to such payments or proceeds.	ment shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a debt of purpose of this section, payment or reimbursement for transportation, lodg disclosed as a gift. Gifts received from family members need not be disclosed. N/A	ing or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of whom	n the gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVER EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SE	RNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Chad A Meyer	2/12/2019 3:25:34 PM
SIGNATURE	DATE

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Meyer	FIRST Chad	МІ	<u>A</u>
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - **f.** Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

under the Governor's jurisdiction.
Name of Board or Commission N/A
Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement
Agency in which employed Environmental Profection
Position Title Wtr Qlty Spcst Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Transfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

	ss of the principal office of the business(es) and/or non-profit entity(ies)
Nature and o	ollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/o	lescription of transferred interest(s)
Name/a	ddress of person(s)/entity(ies) to whom transferred
	LIABILITIES
	ties or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit immercial banks, savings and loans and finance company loans.
	ss of person(s), entity(ies), institution(s) to whom liability or debt was owed
Manner in w	hich debt/liability was secured
Amount of d	ebt(s)/liability(ies) and terms of payment
	EMPLOYMENT
consultant f	nents, compensation, or consideration of any nature (including but not limited to salaried employment, ees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding ear. Exclude Commonwealth employment listed on Page 2.
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consultant for calendar you Name/address N/A Title/descrip Period(s) of Total amount List all in-state coal or other Name, nature 4.12 acre value.	nents, compensation, or consideration of any nature (including but not limited to salaried employment, preceding sear, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding sear. Exclude Commonwealth employment listed on Page 2. Ses of person(s), entity(ies), for whom service(s) were, are or will be rendered stion of service(s) It ime during which services were, are or will be rendered REAL PROPERTY INTERESTS It is and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, remineral royalty producing interest held during the preceding calendar year. Exclude principal residence. Redescription and mailing address of real estate property interest(s)

Templeton, PA 16259 Manner of transfer or conveyance (Purchase, inheritance, etc.)	
Transfers:	root(e)
Name, nature/description and mailing address of property inte	(5)
Consideration or amount received (Dollar value or payment in	kind)
Name and address of person(s)/entity(ies) to whom transferre	d
SEVERANCE PAY	MENTS
List any severance payments received or to be received, or any procee interest in any corporation (which represents 5% or more of the commo corporation, partnership, or other entity, which payments or proceeds rea corporation, professional corporation, partnership, or other entity upon copy(ies) of any agreement(s) relating to receipt of such severance pay	n stock or assets of the corporation), professional esult from the termination of employment or withdrawal from n the assumption of public office. <u>Attach</u> to this statement a
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTACH COPIES)	
In the event that a severance arrangement or sale or redemption of any following the date of assuming office or position, a supplement to this si conclusion of the transaction. Such supplement shall disclose any payr of any agreements relating to such payments or proceeds.	atement shall be filed within 10 calendar days following the
GIFTS	
List all gifts of value in excess of \$100, including the forgiveness of a depurpose of this section, payment or reimbursement for transportation, I disclosed as a gift. Gifts received from family members need not be dis N/A	odging or hospitality that exceeds \$100 shall be
Name/Address of the person(s)/entity(ies) from whom or on behalf of w	hom the gift was directly or indirectly received
Nature and value of gift(s)	
I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HERE KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GO EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED	VERNOR'S CODE OF CONDUCT PROMULGATED BY
Form electronically submitted by Chad A Meyer	3/8/2018 10:51:23 AM
SIGNATURE	DATE

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01 LAST NAME Meyer		FIRST NAME Chad		MI A	SUFFIX
02 ADDRESS office (bus	iness or governmental) or home	City	State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUD	ING ATTACHMENTS, DO NOT INCLUDE ANY	THING THAT BEARS YOUR SOCI	AL SECURITY NUMBER O	R FINANCIAL ACCOUN	T NUMBERS.
03 STATUS Check applic	able block or blocks, more than one block may be	marked, (See instructions on page	÷ 2)		
A Candidate (includ	ding write-in) C Public Official (C Public Official (F		Public Employee (Current)	E Check block filing a solicit	if you are Delock if you is a are amending
04 PUBLIC POSITION OF	R PUBLIC OFFIC (administrator, member etc.)	, Commissioner, job title,	seeking X hold	held	
A Wtr Qlty Spost Supv			seeking hold	held	
05 GOVERNMENTAL EI	NTITY In which you are/were an Official, Employee	. Candidate or Nominee (e.g., dept. agenc	authority borough board com	mission, county school district	two etc.)
A Environmental Protect					
06 OCCUPATION OR PR	OFFERION	L. VEAD		·	
Water Quality Specialis	(Time ina) be also called as	Informat	SEE INSTRUCTIONS ion in Blocks 8-15 represent ndar year listed here:	s disclosure for 2	018
08 REAL ESTATE INTER	ESTS (See instructions on page 2)	If NONE, check this box.			
Creditor (Name and Address) Name	tructions on page 2) If NONE, check this be	ox. Address			Interest Rate
See attachment 10 DIRECT OR INDIRECT	SOURCES OF INCOME			ONLY IF NONE,	(OFFICIAL USE ONLY)
Name Environmental Protection		(but not limited to) all employment, Address	(See instruction on pg. 2)	check this block.	(OFFIGIAL OSE ONE)
11 GIFTS (See ins	tructions on page 2) If NONE, check this bo	эх. 🛚 🗓		Value of Gift	-
Address of Source of Gift			Circumstan	ces (including description	of Gift
12 TRANSPORTATION, I Source (Name and Address)	ODGING, HOSPITALITY (Se	pe instructions on page 2) If NO	ONE, check this box.	Value .	
13 OFFICE, DIRECTORS Business Entity (Name and Ad	HIP, OR EMPLOYMENT IN ANY BU	SINESS (See instruction		e., officer, director, emplo	yee, etc.)
14 FINANCIAL INTERES Name and Address of Busines	T IN ANY LEGAL ENTITY IN BUSINI S	ESS FOR PROFIT	(See instructions on page		his box. X (i.e., 5%, 10%, etc.)
15 BUSINESS INTEREST	S TRANSFERRED TO IMMEDIATE	FAMILY MEMBER	(See instructions on page	2) If NONE, check this	box. X
Business (Name and Address)				Interest Held	_
Transferree (Name and Addres	s)			Relationship Date Transfer	red

SEC-1 CREDITORS - Attachment

Creditor		<u>Address</u>			Interest Ra
			•		
	-				
				*	
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

Public Position of Public Profice (Former) Public Employee (Former) Solicitor Soli	01 LAST NAME Meyer	FIRST NAME Chad		MI SUFFIX A
Check this STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this	02 ADDRESS office (business or governmental) or home	ity	State Zip Code	Area Code Phone
A Candidate (including write-in) B Nomines C Public Official (Current) C Public Employee (Current) B Nomines C Public Official (Former) D Public Employee (Former) B Nomines OF Public Employee (Former) B Nomines OF Public Official (Former) D Public Employee (Former) B Nomines OF Public Employee (Former) B Nomines OF Public Employee (Former) B Nomines B Nomines B Nomines OF GOVERNMENTAL ENTITY In which you srelvere as Official Engloyee, Candidate or Numinae (e.g., dept. agents), sutherty, borough, beard, commission, county, school district, lwo, vic.) A Enrironmental Protection B OF OCCUPATION OR PROFESSION Water Quality Specialist Spvr OF REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. OF CREDITORS (See instructions on page 2) If NONE, check this box. ONLY IF NONE, check this block. OF CREDITORS (See instructions on page 2) If NONE, check this box. ONLY IF NONE,	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING	THAT BEARS YOUR SOCIAL SECURIT	TY NUMBER OR FINANCIAL	ACCOUNT NUMBERS.
A Candidate (including write-in) Compute Children Compute Childre	03 STATUS Check applicable block or blocks, more than one block may be market	ed, (See instructions on page 2)		
A Witr Qity Spost Supv seeking hold held				block if you are block if you filing as a block if you are amending an original
Seeking hold held	04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commetc.)	missioner, job title, seeking	X hold held	
OS GOVERNMENTAL ENTITY in which you arelywere an Official, Engloyee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, two, etc.) A Environmental Protection B OF OCCUPATION OR PROFESSION (This may be the same as block 4) or YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for 2017 Water Quality Specialist Spvr If NONE, check this box. OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. Creditor (Name and Address) Name See attachment OR DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pag. 2) ONLY IF NONE, check this block. Address Address Interest Rate Address ONLY IF NONE, check this block. ONLY IF NONE, check this box. ONLY IF NO	A Wtr Qity Spost Supv	seeking	hold held	
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Source of Gift Address of Source of Gift Circumstances (including description) of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	Name Ad			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.		X	Val	ue of Gift
	Address of Source of Gift	•	Circumstances (including of	lescription) of Gift
Source (Name and Address)	12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions) Source (Name and Address)	tructions on page 2) If NONE, check		ue
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	13 OFFICE DIRECTORSHIP OF EMPLOYMENT IN ANY RUSING	FSS (See instructions on page)	2) If NONE, check this bo	
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)		FOR PROFIT (See instru		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAN	VILY MEMBER (See instr	uctions on page 2) If NONE,	check this box.
Business (Name and Address) Interest Held Relationship	Business (Name and Address)		1	
Transferree (Name and Address) Date Transferred	Transferree (Name and Address)			•

SEC-1 CREDITORS - Attachment

	SEC-1 CREDITORS - Attachment	
Creditor	Address	Interest Rate
		•

2019 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Sheriff	FIRST Richard	MI	Α _
NAME OF AGE	ENCY, BOARD OR COMMISSION	Environmental Protection		

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - **d.** Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by Chairpersons and Members of Compensated Boards and Commissions under the Governor's jurisdiction:

Name of Board or Commission N/A Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
Agency in which employed Environmental Protection
Position Title Wtr Qlty Spcst Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
transaction involving the Commonwealth. <u>Exclude</u> any items reported under Real Property Interests.
Name/address of principal office of the business entity(ies)
N/A
Nature/description of interest(s), including conditions and encumbrances
Transfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.	,
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A	
Nature and dollar value of interest(s), including any liens, encumbrances, etc.	
Transfers: Nature/description of transferred interest(s) N/A	
Name/address of person(s)/entity(ies) to whom transferred	
LIABILITIES	
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> r accounts, commercial banks, savings and loans and finance company loans.	etail credit
Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A	
Manner in which debt/liability was secured	
Amount of debt(s)/liability(ies) and terms of payment	
EMPLOYMENT	
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.	preceding
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	
Title/description of service(s) Lead Pastor	
Period(s) of time during which services were, are or will be rendered 1/1/2018 through 12/31/2018	
Total amount of monies, compensation, consideration received	***************************************
REAL PROPERTY INTERESTS	
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interect or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal resid	
Name, nature/description and mailing address of real estate property interest(s) N/A	. *
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest	
Acquisition:	
Date(s) Acquired Name/Address of person(s)/entity(ies) from whom acquired	

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Transfers:	
Name, nature/description and mailing add	lress of property interest(s)
Consideration or amount received (Dollar	value or payment in kind)
Name and address of person(s)/entity(ies) to whom transferred
	SEVERANCE PAYMENTS
interest in any corporation (which represents 5% or corporation, partnership, or other entity, which pays	eived, or any proceeds received or to be received from the sale or redemption of more of the common stock or assets of the corporation), professional ments or proceeds result from the termination of employment or withdrawal from proceeds, or other entity upon the assumption of public office. Attach to this statement a such severance payments or proceeds.
Source(s) of any severance payments or proceeds N/A	
Nature/description of payments or proceeds (ATTA	CH COPIES)
and the second s	
following the date of assuming office or position, a conclusion of the transaction. Such supplement sh	or redemption of any interest specified above is concluded more than 30 days supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeeds.
following the date of assuming office or position, a conclusion of the transaction. Such supplement sh	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or problem of any agreements relating to such payments or problem of the such payment of the such pa	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeeds. GIFTS e forgiveness of a debt received during the preceding calendar year. For the tor transportation, lodging or hospitality that exceeds \$100 shall be
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or problem and the conclusion of the transaction. Such supplements or problem and the conclusion of	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeeds. GIFTS e forgiveness of a debt received during the preceding calendar year. For the tor transportation, lodging or hospitality that exceeds \$100 shall be
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or problem of any agreements relating to such payments or problem of the conclusion of the conclusio	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeeds. GIFTS e forgiveness of a debt received during the <u>preceding</u> calendar year. For the tor transportation, lodging or hospitality that exceeds \$100 shall be bers need not be disclosed in this section.
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or produced the such payments or produced the such payment of the purpose of this section, payment or reimbursement disclosed as a gift. Gifts received from family mem N/A Name/Address of the person(s)/entity(ies) from wh	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeeds. GIFTS e forgiveness of a debt received during the <u>preceding</u> calendar year. For the tor transportation, lodging or hospitality that exceeds \$100 shall be bers need not be disclosed in this section.
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or proceeding to such payments or proceeding to such payments or proceeding the purpose of this section, payment or reimbursement disclosed as a gift. Gifts received from family mem N/A Name/Address of the person(s)/entity(ies) from who where the proceeding the proceeding the person of th	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeds. GIFTS e forgiveness of a debt received during the preceding calendar year. For the tro transportation, lodging or hospitality that exceeds \$100 shall be bers need not be disclosed in this section. om or on behalf of whom the gift was directly or indirectly received PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY NCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY
following the date of assuming office or position, a conclusion of the transaction. Such supplement shof any agreements relating to such payments or proceeding to such payments or proceeding to such payments or proceeding the purpose of this section, payment or reimbursement disclosed as a gift. Gifts received from family mem N/A Name/Address of the person(s)/entity(ies) from who where the proceeding the proceeding the person of th	supplement to this statement shall be filed within 10 calendar days following the hall disclose any payments or proceeds received or to be received and the filing occeds. GIFTS e forgiveness of a debt received during the preceding calendar year. For the tor transportation, lodging or hospitality that exceeds \$100 shall be bers need not be disclosed in this section. om or on behalf of whom the gift was directly or indirectly received PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY NCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY 984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

2018 CODE OF CONDUCT STATEMENT OF FINANCIAL INTEREST FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOUR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME	Sheriff	FIRST Richard	MI	Α
NAME OF AGE	NCY, BOARD OR COMMISSION	Environmental Protection		·

POLICY

- 1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:
 - a. Governor
 - b. Lieutenant Governor
 - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
 - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
 - **e.** Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
 - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- **2.** Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

- 1. Review entire form before completing any items.
- 2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
- 3. If additional space is necessary, provide information in same format on 81/2 X 11 sheet(s) and securely attach to this form.
- 4. Make and retain a completed copy of this statement.
- 5. FILING PERIOD: Information requested is to cover the preceding calendar year.
- 6. Individuals required to complete this form are to file as follows:
 a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.
 b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.
 c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A Principal Occupation or Profession
Principal Work Address
Business Telephone Number
B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees required to file this statement
required to the this statement
Agency in which employed Environmental Protection
Position Title Wtr Qlty Spcst Supv
Work Address
Work Telephone Number
PERSONAL ECONOMIC INTEREST
ist all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state
or out-of-state business entity held during the <u>preceding</u> calendar year, whether or not such entity is involved in any
ransaction involving the Commonwealth.
lame/address of principal office of the business entity(ies)
I/A
lature/description of interest(s), including conditions and encumbrances
ransfers:
Nature/description of transferred interest(s)
N/A
Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the <u>preceding</u> calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.
Name/address of the principal office of the business(es) and/or non-profit entity(ies) N/A
Nature and dollar value of interest(s), including any liens, encumbrances, etc.
Transfers: Nature/description of transferred interest(s) N/A
Name/address of person(s)/entity(ies) to whom transferred
LIABILITIES
List all liabilities or debts owed to any person, entity, or institution during the <u>preceding</u> calendar year. <u>Exclude</u> retail credit accounts, commercial banks, savings and loans and finance company loans. Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed N/A
Manner in which debt/liability was secured
Amount of debt(s)/liability(ies) and terms of payment
EMPLOYMENT
List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the calendar year. Exclude Commonwealth employment listed on Page 2.
Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365
Title/description of service(s) Lead Pastor
Period(s) of time during which services were, are or will be rendered 1/1/2017 through 12/31/2017
Total amount of monies, compensation, consideration received
REAL PROPERTY INTERESTS
List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the <u>preceding</u> calendar year. <u>Exclude</u> principal residence.
Name, nature/description and mailing address of real estate property interest(s) N/A
Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest
Acquisition: Date(s) Acquired
Name/Address of person(s)/entity(ies) from whom acquired

Name, nature/description and mailing address of property interest(s) N/A Consideration or amount received (Dollar value or payment in kind) Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal in corporation, partnership, or other entity upon the assumption of public office. Attach to this static topy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds. Source(s) of any severance payments or proceeds NA Nature/description of payments or proceeds (ATTACH COPIES) In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 da collowing the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following procults of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the file fram agreements relating to such payments shall disclose any payments or proceeds received or to be received and the file fram agreements relating to such payments or proceeds. GIFTS List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section. NA Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received. Nature and value of gift(s) HERREBY CERTIFY THAT THE INFORMATION PRESENTED HERRIN IS TRUE AND CORRECT	
Name and address of person(s)/entity(ies) to whom transferred SEVERANCE PAYMENTS st any severance payments received or to be received, or any proceeds received or to be received from the sale or redemptite terest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional proporation, partnership, or other entity, which payments or proceeds received from the assumption of public office. Attach to this statiopy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds. Ource(s) of any severance payments or proceeds (A) atture/description of payments or proceeds (ATTACH COPIES) At the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 day allowing the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following onclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the file farms agreements relating to such payments or proceeds. GIFTS Is stall gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For urpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be isclosed as a gift. Gifts received from family members need not be disclosed in this section. (A) IAI ame/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received lature and value of gift(s) HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY INOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED B XECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.	
SEVERANCE PAYMENTS st any severance payments received or to be received, or any proceeds received or to be received from the sale or redemptite terest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional orporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal to corporation, partnership, or other entity upon the assumption of public office. Attach to this state pay(ies) of any agreement(s) relating to receipt of such severance payments or proceeds. Attach to this state payments or proceeds (ATTACH COPIES) The event that a severance payments or proceeds (ATTACH COPIES) The event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 day lowing the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following inclusion of the transaction. Such supplements hall disclose any payments or proceeds received or to be received and the file any agreements relating to such payments or proceeds. GIFTS st all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For proceed this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be sclosed as a gift. Gifts received from family members need not be disclosed in this section. (A ame/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received atture and value of gift(s) HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY NOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED B XECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.	
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Form electronically submitted by Nichard A Shehii	
IGNATURE DATE	

PENNSYLVANIA STATE ETHICS
COMMISSION (717) 783-1610 TOLL FREE 1-800
-932-0936

01	LAST NAME Sheriff	FIRST Richard			MI A	SUFFIX	
02	ADDRESS office (business or governmental) or home City		State Zi	o Code	Area Code Pho	one
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT	INCLUDE ANYTHING THAT BEAF	S YOUR SOCIAL SECURITY	NUMBER OR FINA	NCIAL ACCOUNT	NUMBERS.	
03	STATUS Check applicable block or blocks, more than A Candidate (including write-in) B Nominee C	one block may be marked, (See instr Public Official (Current) Public Official (Former)	uctions on page 2) D∭ Public Employee D∭ Public Employee	*	E∭ Check t block if filing as solicito	you are block a are a	ck this k if you imending riginal
04	PUBLIC POSITION OR PUBLIC OFFIC (admirate,)	nistrator, member, Commissioner, job	title, seeking	Xhold	held		
Ē	A Wtr Qity Spost Supv B GOVERNMENTAL ENTITY in which you are/ware	an Official, Employee, Candidate or Nominee			held	sun etc.)	
,	A Environmental Protection	an omeas, Employee, Canadate or Formitee	(e.g., uepi, agency, autority, solve	gai svaru, commission, .	odutty, sellod district, i	ж р, віо./	
_	COOLIDATION OF PROFESSION	ay be the same as block 4)	07 YEAR SEE INSTR Information in Blocks 8- the calendar year listed	15 represents disclo	sure for 20	18	,
80	REAL ESTATE INTERESTS (See instructions on p	age 2) If NONE, check th	is box. X				
09	CREDITORS (See instructions on page 2) If NOI Creditor (Name and Address) Name	NE, check this box. X Address				Interest Rate	
10	DIRECT OR INDIRECT SOURCES OF INCOMNAME Environmental Protection	IE including (but not limited to) : Address	all employment. (See instructio		Y IF NONE, k this block.	(OFFICIAL USE C	ONLY)
11	GIFTS (See instructions on page 2) If NOI Source of Gift	NE, check this box.			Value of Gift		,
	Address of Source of Gift			Circumstances (inc	luding description)	of Gift	
12	TRANSPORTATION, LODGING, HOSPITALIT Source (Name and Address)	Y (See instructions on pa	ge 2) If NONE, check thi	s box.	Value		
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	T IN ANY BUSINESS	· .	If NONE, check sition Held (i.e., office ad Pastor		ree, etc.)	
14	FINANCIAL INTEREST IN ANY LEGAL ENTI- Name and Address of Business	TY IN BUSINESS FOR PRO	OFIT (See instructi	ons on page 2)	If NONE, check th	is box. X e., 5%, 10%, etc.)	
15	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address) Transferree (Name and Address)	IMMEDIATE FAMILY MEMI	BER (See instruct	ions on page 2) If I	NONE, check this Interest Held. Relationship Date Transferre	, L	· .

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b). THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 TOLL FREE 1-800-932-0936

1/24/2018 8:55:01 AM

01 LAST NAME Sheriff		FIRST NAME Richard			M I A	SUFFIX
02 ADDRESS office (business or government)	nental) or home City			State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	O NOT INCLUDE ANYTHING TH	AT BEARS YOUR S	SOCIAL SECURI	TY NUMBER OR	FINANCIAL ACCOUN	IT NUMBERS.
O3 STATUS Check applicable block or blocks, more A Candidate (including write-in) B Nominee	e than one block may be marked, C Public Official (Current) C Public Official (Former)	D	page 2) X Public Emplo Public Employ		E Chec block filing solici	if you are block if you as a are amendin
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commis- etc.)	sioner, job title,	seeking	Xhold	held	
A Wtr Qity Spcst Supv B O5 GOVERNMENTAL ENTITY In which you	ıre/were an Official, Employee, Candidate	or Nomines (e.g. den)	seeking	hold	held	t hun atc.\
A Environmental Protection		or recommend (e.g., dept,	agency, authority, co	rough, board, comm	, solon, county, school distin	st, twp, ato.y
В						•
COURT TION OF PROFESSION	This may be the same as block 4)	Info	AR SEE INST	8-15 represents	disclosure for	2017
08 REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE,	check this box.	3			: '
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name	If NONE, check this box. X	iss				Interest Rate
DIRECT OR INDIRECT SOURCES OF IN Name Environmental Protection	ICOME including (but not line) Address	imited to) all employr	nent, (See instruc	ction on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See Instructions on page 2). Source of Gift	If NONE, check this box.				Value of Gift	
Address of Source of Gift				Circumstance	es (including description	n) of Gift .
12 TRANSPORTATION, LODGING, HOSPI Source (Name and Address)	TALITY (See instructi	ions on page 2)	If NONE, check	this box.	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	MENT IN ANY BUSINESS	S (See instr			check this box.] loyee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business	ENTITY IN BUSINESS FO	OR PROFIT	(See instru	ictions on page 2		this box. X (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED Business (Name and Address) Transferree (Name and Address)	O TO IMMEDIATE FAMIL	Y MEMBER	(See instru	uctions on page 2	if NONE, check thin interest Held Relationship Date Transfe	

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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. Signature Form electronically submitted by Richard A Sheriff